INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/16/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE (City or to	own, of pregna	ancy term				ancy termination	
Patient's age** 26	Marrio	ed □ Yes ■ No	Date of pregr	nancy termina 01/07/2016		Educa	ation	ŀ		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unk	known		y anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living		-				er now d		0		
Other Termination	s: N	Number of spontaneou					Numbe	er of ind	uced termi			
Dates of termination 1. 09/15/2012	s (Do n	ot include this termin	•			st recent.)		5		16		
Fetus delivered alive	e?	If yes, length of ti							Compli	cation(s) of Pregna	ancy Termination	
☐ Yes ■	No							■ N	None	☐ Uto	erine Perforation	
								П	Hemorrhag	е П Се	rvical Laceration	
Fetus viable? Yes	No	If viable, medical	reason for term	nination:					nfection	_	tained Products	
l les	NO									_	tailled Products	
		1-2							Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No									1 0 3	esult in a maternal dea	ith?
								☐ Yes	s I N	0		
				Type of	f Termin	ation Procedu	ires					
D 1 3 5				1 ype oi	1 101111111			4				
Procedure that Term	inated F	Pregnancy				Additional P	rocedure	that Ter	minated Pi	regnancy		
Medical (Nonsu Medical (Nonsu									lifepriston lisoprostol			
Medical (Nonsu									ther (Spec			
Medical (Surgional Control Contro	cal) Suc	ction Curettage				☐ Medical	(Surgica	al) Sucti	on Curetta	.ge		_
	cal) Me	nstrual Aspiration			 ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) 							
iviedicai (Surgio	zai) Ou	ісі (зресцу)				Wedicar	Guigica	ii) Oillei	і (зресіју)			
F. M. I. 1/G.	1)	1 (1.6	11			For Medical (Surgical) procedures, answer the following question.						
	_	edures, answer the fo				For Medical	(Surgical	I) proced	lures, answ	er the following o	question.	
	le or hav No	ve a post fertilization	age at least 20	weeks?			tus viable Yes		a post fert	tilization age at le	ast 20 weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previous	us questic	on was a	nswered ye	es, complete the fo	ollowing questions.	
	n the be	st opportunity to surv	vive?					the best No	opportuni	ty to survive?		
		ermination that the p									voman had a condition	
that required the programmer woman?	rocedure	e to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the pro	ocedure t	o avert dea	ath or serious impa	airment to the pregnan	ıt
woman:						woman.						
Data last na1	nggg 1	700		Dh:-:	ostim -t	of gostati	in1-	,	Doct f	utilization s == -0:	ho fotus (in accentant	
Date last normal me	-	gan /22/2015		riiysician	esumate	of gestation (ın weeks,	,	Post fe	_	the fetus (in weeks)	
	ional ag	ge and post fertilization	on age determin	ned?								
ULTRASOUND												
En assis												
Full name of physici	NGER											
Address of physician 200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		t, city, state,	and zip	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna BLOOM	•			County of pregnar	ncy termination ONROE				
Patient's age**			Date of pregn	anov toma	nation	Educa	tion								
26	Maı	ried □ Yes ■ No		01/07/2016		Educa	ition	1	High Scho	ol Diploma or GE	D				
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	0				Numb	er now d	leceased	0					
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0					
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)									
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination				
☐ Fes ■ I	NO							• 1	None	☐ Uteri	ne Perforation				
								I	Hemorrhage	e 🔲 Cerv	ical Laceration				
Fetus viable? Yes I	Vο	If viable, medical	reason for term	nination:				Пі	Infection	□ Retai	ined Products				
	10									_	med Froducts				
									Other (Spec	cify)					
Pathological examin performed?	ation	If yes, results:													
Yes •	No							Did thi	s terminatio	on of pregnancy resi	alt in a maternal death?				
								☐ Ye)					
											1				
				Туре	of Termin	Termination Procedures									
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy					
										•					
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepriston Aisoprostol						
		Other (Specify)							Other (Spec						
Madical (Symple	1) 6	votion Cumattaga				— Madiaal	(Cumaia	al) Cuati	on Cumotto	~~					
☐ Medical (Surgio	al) N	uction Curettage Ienstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration										
☐ Medical (Surgion	al) C	other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.				
	_														
		ave a post fertilization	age at least 20	weeks?			Yes [a post tert	ilization age at leas	20 weeks?				
If the previous quest	ion w	as answered yes, compl	lete the followi	no auestion	s	If the previou	ıs anesti	ion was a	nswered ve	es, complete the foll	owing questions				
				ng question		•	•		•	•	owing questions.				
Was the fetus giver ☐ Yes ☐		pest opportunity to surv	rive?				us giver Yes 🏻 🗀	_	opportunit	y to survive?					
	_							- 		L a d	1 1 12				
		etermination that the parties to avert death or serious									man had a condition ment to the pregnant				
woman?						woman?									
Date last normal men	ises t	egan		Physician	estimate	e of gestation (in woob	5)	Post for	rtilization age of the	e fetus (in weeks)				
Suc last normal men		0/31/2015		Tiysician	. comman	9	WEEK	• /	1 031 10	7	. 15tas (in Weeks)				
How were the gestat	ional	age and post fertilization	n age determin	ned?											
ULTRASOUND															
					_				_						
Full name of physici	an pe	rforming termination													
DR. CAROL DELLI															
	-	orming termination (number of the NDIANAPOLIS, IN 46		t, city, state,	, and zip	code)									
200 G. WILKIDIAN S	וו , ו כ	VUINIVAFULIO, IIV 40	220												
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_					

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	.EGE City or		ncy termination	•	County of pregnan	cy termination DNROE				
Datient's aga**	anay taminati	T7.4	tion							
20	nancy termination 01/07/2016	Educat			l Diploma or GEI)				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	Unknown		ic or Latino spanic or Latino	☐ Unknown				
Live Births: Number now living 0			Number now d		0					
Other Terminations: Number of spontaneous terminations 0			Number of indu	uced termina						
Dates of terminations (Do not include this termination. If more t		nost recent.)								
Fetus delivered alive? If yes, length of time fetus surviv		4	5	Complicat	tion(s) of Pregnanc	ey Termination				
☐ Yes ■ No			■ N	None	☐ Uterii	ne Perforation				
			I	Hemorrhage	☐ Cervi	cal Laceration				
Fetus viable? If viable, medical reason for term	nination:			nfection	☐ Retai	ned Products				
				Other (Specif	~ v)					
Pathological examination				1 2.	,					
performed? ☐ Yes ■ No			Did this	stermination	of pregnancy resu	Ilt in a maternal death?				
			Yes		FSimiley 1000					
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol			(Nonsurgical) M (Nonsurgical) M							
Medical (Nonsurgical) Other (Specify)			(Nonsurgical) O		v)					
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration			(Surgical) Suction							
Medical (Surgical) Other (Specify)		☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgical) proced	ures, answer	the following que	estion.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?		us viable or have Yes	a post fertili	ization age at least	20 weeks?				
If the previous question was answered yes, complete the followi	ng auestions.		_	nswered ves.	, complete the follo	owing questions.				
Was the fetus given the best opportunity to survive?	ng questions.		us given the best	-	-	o ming questions:				
Yes No			Yes No	-PP of turnity						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment						man had a condition ment to the pregnant				
woman?	to the pregnant	woman?	and procedure to	o avoit death	. or serious impair	ment to the prognant				
Date last normal menses began 11/23/2015	Physician estimat	te of gestation (i	n weeks)	Post ferti	ilization age of the	fetus (in weeks)				
How were the gestational age and post fertilization age determine	ned?				<u>_</u>					
ULTRASOUND										
Full name of physician performing termination										
DR. CAROL DELLINGER										
Address of physician performing termination (<i>number and stree</i> 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	code)								

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PLANNÉD PARENTHO	ncility Name and Address ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE ENUE, BLOOMINGTON, IN, 47403					BLOOMINGTON MOI					ncy termination ONROE			
Patient's age**	3.7		Date of pregn	ancy termin	nation	Educ	ation							
Patient's age** 29	Mai	rried Yes No		01/07/2016		Educ	atiOII		8th C	Grade or Less				
Race American Indian Native Hawaiian			Asian White	☐ Black ■ Other		an American	☐ Uı	ıknown		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Num	ber now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Num	ber of ind	uced termin	nations				
		not include this termin	0 ation. If more t	han six (6),	those m	ost recent.)				0				
1		2	•			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	on(s) of Pregnancy Termination			
☐ Yes ■ I	No							■ 1	None	☐ Uter	ine Perforation			
									Hemorrhag	e \square Cerv	ical Laceration			
Fetus viable?	. •	If viable, medical	reason for term	nination:						_				
☐ Yes ■ I	No							L I	nfection	☐ Reta	ined Products			
									Other (Spec	cify)				
Pathological examin	ation	If yes, results:												
performed?	No							Did this	s terminatio	on of pregnancy res	ult in a maternal death?			
								Yes		on or pregnancy res	an in a maternal death.			
				Type o	of Termi	Termination Procedures								
Drogodura that Tarm	inete	1 Dragnonay		•				o that Tar	minatad Dr	rognon ov				
Procedure that Term	mate	1 Pregnancy				Additional F								
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol					
		l) Other (Specify)							Other (Spec					
——————————————————————————————————————	1) C	· · · · · · · · · · · · · · · · · · ·					1.(0 :	1) 0 (- C #					
		Suction Curettage Menstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration									
☐ Medical (Surgio									r (Specify)					
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.								
	_						_	_						
	e or I	nave a post fertilization	age at least 20	weeks?			tus viab Yes [a post fert	ilization age at leas	t 20 weeks?			
If the previous quest	ion w	as answered yes, compl	lete the followi	ng question	10	If the previo	ne anect	ion was a	newered ve	es, complete the following	owing questions			
		• • •		ng question	15.		_		-	_	lowing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				tus give Yes [opportunit	ty to survive?				
				1. 1 1	1:4:	_	_	 '		L-44L				
		letermination that the prairie to avert death or seri									man had a condition ment to the pregnant			
woman?			-			woman?	_			_				
Date last normal men	ises l	pegan		Physician	n estimate	e of gestation	in week	·s)	Post fe	rtilization age of the	e fetus (in weeks)			
	•	11/09/2015				7				5				
_	ional	age and post fertilization	n age determin	ned?										
ULTRASOUND														
	_	rforming termination												
DR. CAROL DELLI		R orming termination (num	mher and stree	t city state	and zin	code)								
	-	NDIANAPOLIS, IN 46		i, ciry, siute	., απα τιρ	couc _j								
**Data Dag 1 /	o DC	CS if Detions 1	1 (ma::1: 1											
vale Reported t	υDC	CS, if Patient under 14	+ (montn, day,	year):						_				

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE C	City or t	own, of pregna BLOOM	ncy terminatio	n	County of pregnat	ncy termination ONROE				
Doticat?- Note			Date of		.ei	F 1	tion							
Patient's age** 22	Mar	ried Yes No	Date of pregr	01/07/2016	ntion	Educat	tion		nool Diploma or GE	D				
Race American Indian Native Hawaiian			Asian White	Black of Other	or Africa	an American	☐ Unknown		panic or Latino Hispanic or Latino	Unknown				
Live Births:		Number now living	0				Number now	deceased	0					
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of in	duced tern	ninations 0					
Dates of termination	is (Do	not include this termina				ost recent.)								
Fetus delivered alive		If yes, length of tir	3			4	5.		lication(s) of Pregnan	cy Termination				
Yes •		if yes, length of th	ne ietus suiviv	red.				None	_	ine Perforation				
								Hemorrha	_	ical Laceration				
Fetus viable?	N.T.	If viable, medical i	eason for term	nination:					_					
☐ Yes ■	No							Infection	_	ined Products				
		70						Other (Sp	ecify)					
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No							nis termina es		ult in a maternal death?				
								C3	110					
				Type of	Termi	ermination Procedures								
Procedure that Term	inated	Pregnancy		77-31			ocedure that T	erminated	Pregnancy					
_						_			•					
Medical (Nonsu Medical (Nonsu	urgica) Misoprostol					(Nonsurgical) (Nonsurgical)	Misoprost	ol					
Medical (Nonsu	urgica	Other (Specify)				☐ Medical	(Nonsurgical)	Other (Sp.	ecify)					
		uction Curettage Ienstrual Aspiration					(Surgical) Suc							
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proc	edures, ans	swer the following qu	estion.				
		ave a post fertilization a	age at least 20	weeks?				e a post fe	ertilization age at leas	t 20 weeks?				
Yes [Y	Yes No							
If the previous quest	tion w	as answered yes, compl	ete the followi	ng questions.		If the previou	s question was	answered	yes, complete the following	owing questions.				
	n the l	pest opportunity to surv	ive?				us given the be Yes No	st opportui	nity to survive?					
		etermination that the pr	egnant woman	had a conditi	ion	_	_	ermination	that the pregnant wo	man had a condition				
		are to avert death or seri							eath or serious impair					
woman:						woman:								
Data last 1	nes-1	ogen		Dlave: -:		of cost-ti	in months)	n -/	fartilization Cd	o fotus (in and I-1)				
Date last normal me		egan 0/04/2015		rnysician e	esumate	e of gestation (i 9	n weeks)	Post	fertilization age of the 7	e ietus (<i>in weeks)</i>				
_	tional	age and post fertilization	n age determir	ned?										
ULTRASOUND														
Full name of physici	ian ne	rforming termination												
DR. CAROL DELLI														
	-	orming termination (num		t, city, state, a	and zip	code)								
200 G. WENIDIAN	οι, II'	TOTALION OLIO, IIV 40.												
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):										

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Patient's age**	3.5		Date of pregr	nancy termina	ntion	Educa	tion					
28	Ma	ried Yes No		01/07/2016	ation	Educa	tion	Bac	helor's Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Afric	an American	Unknown		y panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Number now	deceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of in	duced term	inations 0			
Dates of termination	ns (Do	not include this termino				ost recent.)						
Fetus delivered alive	e?	If yes, length of tir	ne fetus survis			4	5.		cation(s) of Pregnand	cy Termination		
Yes •		in yes, length of the	ne retus sur viv	·cu.				None	☐ Uteri	ne Perforation		
								Hemorrhag	_	cal Laceration		
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:				Infection	_	ned Products		
l les 🕒	NO								_	ned Floducts		
Pathological examin	notion	If yes, results:					$ \vdash$	Other (Spe	ecify)			
performed?		ii yes, iesuits.										
☐ Yes ■	No							nis terminati es 🔳 N		alt in a maternal death?		
				Type of	Termi	nation Procedur	res					
Procedure that Term	ninate	1 Pregnancy		J	-		ocedure that To	erminated P	Pregnancy			
Medical (Nonsu Medical (Nonsu	urgica	l) Misoprostol					(Nonsurgical) (Nonsurgical)	Misoprosto	ol			
Medical (Nonst	urgica	l) Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)			
		uction Curettage Menstrual Aspiration					(Surgical) Suc					
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) pr	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proc	edures, ansv	wer the following que	estion.		
Was the fetus viab	ole or l	nave a post fertilization a	age at least 20	weeks?		Was the fet	us viable or hav	ve a post fer	tilization age at least	20 weeks?		
☐ Yes [Yes No	1	Č			
If the previous quest	tion w	as answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	ves, complete the followers	owing questions.		
		best opportunity to survi	ive?				us given the be	st opportuni	ity to survive?			
	□ No			1 1		_	Yes No		d (d			
that required the p		letermination that the praire to avert death or seri				that require			that the pregnant wor ath or serious impair			
woman?						woman?						
Date last normal me		oegan 1/20/2015		Physician e	estimat	e of gestation (i	n weeks)	Post fo	ertilization age of the 5	fetus (in weeks)		
How were the gestat		age and post fertilization	n age determir	ned?		•						
ULTRASOUND												
Full name of physics		rforming termination R										
		orming termination (num	nber and stree	t, city, state, o	and zip	code)						
200 S. MERIDIAN	ST, II	NDIANAPOLIS, IN 462	225									
**Date Reported	to DO	CS, if Patient under 14	(month, day,	year):								

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Patient's age**		1	Date of pregn	anov toma	nation	Educa	tion							
23	Maı	ried ☐ Yes ■ No		01/07/2016		Educa	ition	ı	High Scho	ol Diploma or GEI)			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	leceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termina		han six (6),	those me	ost recent.)	l							
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination			
res • r	NO							• 1	None	☐ Uteri	ne Perforation			
								□ I	Hemorrhage	e 🔲 Cervi	ical Laceration			
Fetus viable? Yes I	Vo	If viable, medical	reason for term	ination:				Пі	Infection	☐ Retai	ned Products			
	10									_	ned Froducts			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did thi	s termination	on of pregnancy resu	alt in a maternal death?			
								☐ Ye	s 🔳 No	0				
				Туре	of Termin	Termination Procedures								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy				
☐ Medical (Nonsu☐ Medical (Nonsu☐	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aifepriston Aisoprostol					
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)				
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	ion Curetta	ge.				
☐ Medical (Surgion)	al) N	Ienstrual Aspiration												
Medical (Surgio	cal) (Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viab	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	e a post fert	ilization age at least	20 weeks?			
	■ No		age at reast 20	Weeks.			Yes [_	u post rere	in in including the real of	20 Weeks.			
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus gives	n tha	hast opportunity to surv	iva?			Was the fet	ne giver	the best	opportunit	ty to survive?				
Was the fetus given		best opportunity to surv	140:				us giver Yes [_	opportuiilt	y to survive:				
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	rmination th	hat the pregnant wo	nan had a condition			
that required the pr		ire to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
						<u> </u>								
Date last normal mer		-		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)			
TT -3		0/20/2015	• • •	10		12				10				
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ied?										
CETTAGOOND														
Fall and Colored	Full name of physician performing termination													
Full name of physici DR. CAROL DELLI	_	-												
		orming termination (num	mber and street	t, city, state,	, and zip	code)								
	-	NDIANAPOLIS, IN 46												
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/16/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE .	City or t	own, of pregna	•			County of pregnan	cy termination DNROE			
Patient's age**			Date of pregn	nanov tomo:	nation	Educa	tion				1			
24	Mar	ried □ Yes ■ No		01/07/2016		Educa	шоп	ļ	High Scho	ol Diploma or GEI				
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	leceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)				<u>_</u>				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	cy Termination			
☐ Fes ■ I	NO							• 1	None	☐ Uteri	ne Perforation			
		70						□ I	Hemorrhage	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	Vο	If viable, medical	reason for term	nination:				Пі	Infection	□ Retai	ned Products			
	. 10									_	ned Froducts			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did thi	s terminatio	on of pregnancy resu	ilt in a maternal death?			
								☐ Ye)				
											1			
				Туре	of Termin	Termination Procedures								
Procedure that Term	inated	Pregnancy				Additional P	rocedura	e that Ter	minated Pr	regnancy				
										•				
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepriston Aisoprostol					
		Other (Specify)							Other (Spec					
Madical (Symple	(1) C	votion Cumattaga				— Madiaal	(Cumaia	al) Cuati	on Cumotto					
☐ Medical (Surgion)	al) N	uction Curettage Ienstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration									
☐ Medical (Surgion	cal) C	other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
	_													
	e or r ■ No	ave a post fertilization	age at least 20	weeks?			us viabi Yes [e a post tert	ilization age at least	20 weeks?			
If the previous quest	ion w	as answered yes, compl	lete the followi	na auestions	c	If the previou	is anesti	ion was a	incured ve	es, complete the follo	owing questions			
				ng questions	s.	•	•		•	•	owing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?				
	_			1 1 **		_		_		L (d)	1 1			
		etermination that the parties to avert death or serious								hat the pregnant wor th or serious impair	man had a condition ment to the pregnant			
woman?						woman?								
Date last normal men	nses h	egan		Physician	estimate	e of gestation (in woob	5)	Post for	rtilization age of the	fetus (in weeks)			
Date last normal men		0/31/2015		1 ilysician	. comman	8	WEEK	• /	1 031 10	6	10ths (in rectas)			
How were the gestat	ional	age and post fertilization	n age determin	ned?										
ULTRASOUND														
					_									
Full name of physici	an pe	rforming termination												
DR. CAROL DELLI														
	-	orming termination (number of the NDIANAPOLIS, IN 46		t, city, state,	, and zip	code)								
200 G. WILKIDIAN C	۱۱ , ۱۱	TEINIAN OLIO, IN 40												
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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PLANNÉD PARENTHO	acility Name and Address ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE ENUE, BLOOMINGTON, IN, 47403						BLOOMINGTON							
Patient's age**		. ,	Date of pregn	ancy termi-	nation	Educa	tion							
Patient's age**	Maı	ried ☐ Yes ■ No		nancy termit 01/07/2016		Educa	iliOII		9th-12	th, No Diploma				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations				
Dates of termination	s (Do	not include this termin	0 ation. If more to	than six (6),	those m	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination			
☐ Yes ■ I	No								None	☐ Uteri	ne Perforation			
									Hemorrhag	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes I	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Reta	ned Products			
	.10										ned Froducts			
									Other (Spec	rify)				
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No									on of pregnancy res	alt in a maternal death?			
								☐ Ye	s 🔳 No)				
				Туре	of Termi	Termination Procedures								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy				
Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
Medical (Nonsu	ırgica					☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec					
Medicai (Nollsu	irgica	i) Other (<i>specify</i>)					(INOIISU	rgicai) C	omer (spec	ijy)				
		uction Curettage			Medical (Surgical) Suction Curettage									
Medical (Surgio		Menstrual Aspiration Other (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
						For Medical (Surgical) procedures, answer the following question.								
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	ıl) proceo	lures, answ	er the following que	estion.			
	le or l	nave a post fertilization	age at least 20	weeks?			us viabl Yes		a post fert	ilization age at leas	20 weeks?			
						_	_	_						
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	ıs.	If the previou	is questi	on was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus given		best opportunity to surv	ive?				us given Yes	_	opportunit	y to survive?				
						_	_	_						
		letermination that the pa are to avert death or seri									man had a condition ment to the pregnant			
woman?			•	1 .		woman?					1 0			
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)			
		1/07/2015				8				6				
_	ional	age and post fertilization	n age determin	ned?										
ULTRASOUND														
P.II.														
Full name of physici DR. CAROL DELLI	_	rforming termination R												
		orming termination (num	mber and street	t, city, state,	, and zip	code)								
	-	NDIANAPOLIS, IN 46												
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (P	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	town, of pregna	•			County of pregnan	cy termination DNROE		
Patient's age**		1	Date of pregn	anov toma	nation	Educa	tion				1		
27	Mai	ried ☐ Yes ■ No		01/07/2016		Educa	non	ļ	High Scho	ol Diploma or GEI			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	leceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin				
Dates of termination	s (Do	not include this termina	ation. If more th	han six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	cy Termination		
☐ Yes ■ I	NO							• 1	None	☐ Uterii	ne Perforation		
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	Vo	If viable, medical	reason for term	ination:				Пі	Infection	□ Retai	ned Products		
	. 10									_	ined i roddets		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No									on of pregnancy resu	alt in a maternal death?		
								☐ Ye	s 🔳 No)			
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
■ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	Mifepriston	e			
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprostol				
☐ Medical (Nonsu	ırgıca	l) Other (Specify)				Medicai	(INONSU	rgicai) (Other (Spec	ijy)			
		uction Curettage			Medical (Surgical) Suction Curettage								
☐ Medical (Surgion Med		Menstrual Aspiration Other (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
_	,	1 327						,	(1 35)				
						For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	ıl) proced	dures, answ	er the following que	estion.		
	le or l	nave a post fertilization	age at least 20	weeks?			us viabl Yes		a post fert	ilization age at least	20 weeks?		
	_					_	_	_					
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	IS.	If the previou	ıs questi	ion was a	inswered ye	es, complete the follo	owing questions.		
Was the fetus given		best opportunity to surv	ive?				_	_	opportunit	y to survive?			
						_	Yes _						
		letermination that the pa are to avert death or seri								hat the pregnant wor	nan had a condition ment to the pregnant		
woman?		are to areit dealer or ser		it to the pre	Simil	woman?	a are pr	occurre .	io avert dea	and of Solitons impuni	ment to the pregnant		
Date last normal men	nses l	egan		Physician	ı estimat	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)		
normal mor		1/09/2015		, 5.21411		8		,	2 336 10	6	()		
=	ional	age and post fertilization	n age determin	ied?					•				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	_	rforming termination											
		orming termination (num	mber and street	t, citv. state	, and zin	(code)							
	-	NDIANAPOLIS, IN 46		.,, siene	, Lip	/							
**Date Reported t	o DO	CS, if Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregna BLOOM	ancy termi			County of preg	nancy MONF	
The state of the state of			D. C.			Ι	··					
Patient's age** 20	Marrie [ed Yes • No	Date of pregr	01/07/2016		Educa	tion	F		ool Diploma or (GED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkr	nown		/ anic or Latino Hispanic or Latin	10	Unknown
Live Births:	N	umber now living	0				Number	r now de		0		
Other Termination	s: N	umber of spontaneou		3			Number	r of indu	uced termi			
Dates of termination			v			st recent.)				0		
Fetus delivered alive		If yes, length of ti			4	L		_ 5	Complic	cation(s) of Pregr	nancy 7	Termination
Yes •		if yes, length of th	ine retus surviv	veu.				■ N	•	_	•	Perforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag			Laceration
Yes •	No							∐ Iı	nfection	∐ R	etained	l Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result i	n a maternal death?
								☐ Yes	s I N	0		
				т (f Ta '	untion Description	*00					
				f Termination Procedures								
Procedure that Term	inated P	regnancy				Additional P	rocedure t	hat Teri	minated Pi	regnancy		
Medical (NonsuMedical (Nonsu								lifepriston lisoprostol				
Medical (Nonsu									ther (Spec			
Medical (Surgio	cal) Suc	tion Curettage				☐ Medical	(Surgical) Suction	on Curetta	ge		
	cal) Me	nstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
- Wedlear (Surgic	our) our	or (speedy)				Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proce	edures, answer the fo	llowing questic			For Medical	(Surgical)	proced	ures answ	ver the following	anestic	on.
	_	ve a post fertilization						_		tilization age at le	-	
	No	e a post tertifization	age at least 20	weeks?		_	Yes		a post teri	inization age at i	east 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.		If the previou	ıs questioi	n was aı	nswered ye	es, complete the	followi	ng questions.
	n the bea	st opportunity to surv	vive?				us given t Yes		opportuni	ty to survive?		
What was the basis	s for det	ermination that the p	regnant woman	n had a condit	tion	What was t	he basis fo	or deter	mination t	hat the pregnant	womar	had a condition
that required the programmer woman?	rocedure	to avert death or ser	ious impairmer	nt to the preg	nant	that require woman?	d the proc	edure to	o avert dea	nth or serious imp	pairmei	nt to the pregnant
Date last normal me	nses has	ran		Physician	estimato	of gestation (in wools		Post for	rtilization age of	the for	us (in wooks)
	11/	15/2015			Johnnaic	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 031 10		5	(iii irechs)
How were the gestat	ional ag	e and post fertilization	on age determin	ned?	_							
ULTRASOUND												
Full name of physici												
DR. CAROL DELLI	NGER		, ,									
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna BLOOM	•			County of pregnar	ocy termination			
Patient's age**		1	Date of pregn	anov to-	nation	Educa	tion							
20	Maı	ried Yes I No		01/07/2016		Educa	non	I	High Scho	ol Diploma or GEI)			
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	3				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termii	nations 0				
Dates of termination	s (Do	not include this termina		han six (6),	those me	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination			
☐ Yes ■ I	No							1	None	☐ Uteri	ne Perforation			
								I	Hemorrhag	e 🔲 Cervi	ical Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products			
	NO									_	ned I roducts			
									Other (Spec	rify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did this	s termination	on of pregnancy resu	alt in a maternal death?			
								☐ Ye)				
				Туре о	of Termin	Termination Procedures								
Procedure that Term	inate	Pregnancy				Additional P	rocedur	that To-	minated De	eonanev				
										•				
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepriston Aisoprostol					
		l) Other (Specify)							Other (Spec					
- M 1: 1/6 :	1) 0	· · · · · · · · · · · · · · · · · · ·					(C :	1) 0 (- C #					
		uction Curettage Ienstrual Aspiration			☐ Medical (Surgical) Suction Curettage☐ Medical (Surgical) Menstrual Aspiration									
☐ Medical (Surgio	al) C	Other (Specify)							r (Specify)					
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
	_													
	e or i	nave a post fertilization	age at least 20	weeks?			us viabi Yes [_	a post tert	ilization age at least	20 weeks?			
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.			
						•	•		•	•				
Was the letus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?				
What was the basis	ford	etermination that the pr	egnant woman	had a condi	ition	What was t	he hasis	for deter	mination th	hat the pregnant wo	nan had a condition			
that required the pr		ire to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
Date last normal men	ises t	egan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)			
		1/11/2015				9				7				
_	ional	age and post fertilizatio	n age determin	ied?			_							
ULTRASOUND														
	-	rforming termination			-									
DR. CAROL DELLI		crming termination (num	mher and street	t city state	and zin	code)								
	-	NDIANAPOLIS, IN 46		., спу, ыше,	, ини хір	couc _j								
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH - VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/16/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPCS		21 SOUTH COLL	EGE.	City or to	wn, of pregna BLOOM				County of pregnancy termination MONROE			
	1		1 -										
Patient's age** 19	Married [d Yes ■ No	Date of pregn	nancy termin 01/07/2016		Educa	tion	ŀ	High Schoo	ol Diploma or GED			
Race American Indian Native Hawaiian Live Births:	or Other		Asian White	☐ Black ☐ Other		n American		known er now d	☐ Not H	nic or Latino lispanic or Latino Unknown			
Live bii tiis.	NI.	umbar of amontones	0				Numb	or of ind	uced termin	0			
Other Termination	15.	imber of spontaneo	0				Ivanio	ci oi ilidi	ucca termin	0			
Dates of termination		t include this termin	nation. If more t	han six (6),	those mos	t recent.)		5		6			
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	red:					Complica	ation(s) of Pregnancy Termination			
☐ Yes ■	No							■ N	None	☐ Uterine Perforation			
T. 1110		***************************************						□ I	Hemorrhage	e Cervical Laceration			
Fetus viable? Yes	No	If viable, medical	reason for term	iination:				Пт	nfection	☐ Retained Products			
	110									_			
									Other (Speci	ify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s terminatio	on of pregnancy result in a maternal death?			
								☐ Yes					
				Туре	of Termina	tion Procedur	res						
Procedure that Term	inated Pr	egnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy			
Medical (Nonsu						☐ Medical	(Nonsu	rgical) M	//Iifepristone				
Medical (NonsumMedical (Nonsum	ırgical) I	Misoprostol Other (Specify)							Aisoprostol Other (Speci	(fy)			
i Wedlear (Tronse	ingican) (other (specify)					(1101134	igicai) C	otner (speci	997			
Medical (Surgio						Medical	(Surgic	al) Sucti	on Curettag	ge			
Medical (Surgio		strual Aspiration or (Specify)							strual Aspir r (Specify)	ation			
For Medical (Surgic	al) proces	duras answar tha fo	llowing questic	n .		For Medical (Surgica	al) proced	lurae anexu	er the following question.			
	_												
Was the fetus viab. Yes [e a post fertilization	age at least 20	weeks?			us viabl Yes		a post ferti	ilization age at least 20 weeks?			
If the previous quest	ion was a	answered yes, comp	lete the followi	ng questions	s.	If the previou	s questi	ion was a	nswered ye	s, complete the following questions.			
Was the fetus gives ☐ Yes ☐		t opportunity to sur	vive?				us given Yes 🗀		opportunity	y to survive?			
What was the basis	s for dete	rmination that the p	regnant woman	had a cond	ition	What was th	ne basis	for deter	mination th	nat the pregnant woman had a condition			
that required the pr		to avert death or ser				that require				th or serious impairment to the pregnant			
woman?						woman?							
Date last normal me	nses bega	ın		Physician	estimate o	of gestation (i	n weeks	5)	Post fer	rtilization age of the fetus (in weeks)			
		14/2015		<u> </u>		7				5			
How were the gestat ULTRASOUND	tional age	and post fertilization	on age determin	ied?									
OLTRASOUND													
Full name of physici	ian nerfo	ming termination											
DR. CAROL DELLI	NGER												
Address of physician 200 S. MERIDIAN	-	-		t, city, state,	, and zip c	ode)							
	,	,											
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE										
Patient's age** 32	Marı	ried Yes No	Date of pregn	nancy termina 01/07/2016		Educa	tion	ŀ	High Scho	ol Diploma or (GED				
Race American Indiana Native Hawaiian	or Otl		Asian White	☐ Black o	or Africa	an American		known er now d	Not I	nnic or Latino Hispanic or Latir	10	Unknown			
Live Births:			0							0					
Other Terminations	•	Number of spontaneou	0				Nume	er of indi	uced termin	nations 1					
Dates of terminations UNKNOWN	(Do	not include this termina	tion. If more t	than six (6), t	hose mo	ost recent.)		5.		6.					
Fetus delivered alive?)	If yes, length of tin		ved:					Complic	cation(s) of Preg	nancy	Termination			
☐ Yes ■ N	o							■ N	None	□ U	terine	Perforation			
								□ I	Hemorrhag	e 🗆 C	ervica	ll Laceration			
Fetus viable? ☐ Yes ■ N	[o	If viable, medical r	eason for term	nination:					nfection		etaine	d Products			
										_	ctanic	a Froducts			
Pathological examina	tion	If yes, results:							Other (Spec	uy)					
performed?		ii yes, iesuits.													
☐ Yes ■ N	Ю							Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No							
Type of Termination Procedures															
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy															
☐ Medical (Nonsur ☐ Medical (Nonsur									Aifepriston Aisoprostol						
Medical (Nonsur									Other (Spec						
Medical (Surgica									on Curetta						
☐ Medical (Surgica ☐ Medical (Surgica		lenstrual Aspiration ther (Specify)							strual Aspii r (Specify)	ration					
_						_									
F M 1: 1/6 : 1	15	1 (1 6 1				- M 1: 1	· ·	1) 1	1	4 6 11 .		.			
-	_	cedures, answer the following				For Medical (Surgical) procedures, answer the following question.									
Was the fetus viable ☐ Yes ■		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes 🛭		a post fert	ilization age at l	east 20	0 weeks?			
If the previous question	on wa	as answered yes, comple	ete the followi	ng questions		If the previou	s anesti	on was a	nswered ve	es, complete the	follow	zing questions			
		est opportunity to survi		ng questions		•	•		•	•	10110	mg questions:			
Yes Yes			ve:				res [opportunit	y to survive?					
What was the basis	for de	etermination that the pro	egnant woman	had a condit	tion	What was tl	ne basis	for deter	mination tl	hat the pregnant	woma	n had a condition			
that required the pro- woman?	ocedu	re to avert death or serie	ous impairmer	nt to the preg	nant	that require woman?	d the pr	ocedure t	o avert dea	th or serious im	pairm	ent to the pregnant			
, , , , , , , , , , , , , , , , , , ,						woman.									
Data 1t	ac - 1	200		Di	oot!	of control		-1	n · c		2.41- 0	stra (in i			
Date last normal men		egan 1/04/2015		Pnysician	esumate	e of gestation (i 8	n weeks	9	Post fe	rtilization age of	the fe	cius (<i>in weeks)</i>			
_	onal a	age and post fertilization	n age determin	ned?					1						
ULTRASOUND															
-															
Full name of physicia DR. CAROL DELLIN	_	-													
		rming termination (num	nber and stree	t, city, state,	and zip	code)									
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225												
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	CSI) (MONROE CO.) - 421	SOUTH COLL	City or town, of pregnancy termination									
Patient's age**	3.1	., Тт	ate of preco	nancy terminat	tion	Educat	tion						
28	Mar	ried Yes No		01/07/2016	uon	Educat	LIOII		-	ool Diploma	or GED		
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black or	r Afric	an American	Unknow	n	Not l	y anic or Latino Hispanic or La		☐ Unknown	
Live Births:		Number now living	0				Number nov	w dec	eased	0			
Other Terminations	s:	Number of spontaneous	terminations 0				Number of i	induc	ed termi	nations 0			
Dates of termination	s (Do	not include this terminati				ost recent.)							
Fetus delivered alive		If yes, length of time				4	5	5	Compli	cation(s) of Pr	egnancy	Termination	
Yes I		ir yes, length of time	i ietus sui viv	eu.				No	•	П		e Perforation	
									morrhag	<u> </u>		al Laceration	
Fetus viable?	N o	If viable, medical rea	ason for term	nination:									
☐ Yes ■ 1	NO					☐ Infection ☐ Retained Products							
Deth desired enemin	_4:	TC 14						Oth	her (Spec	cify)			
Pathological examination performed?	auon	If yes, results:											
☐ Yes ■ 1	No							this to	erminati		cy resul	t in a maternal death?	
								100		<u> </u>			
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
							(Nonsurgical)			•			
Medical (Nonsu	ırgical) Misoprostol				☐ Medical	(Nonsurgical)) Mis	soprosto	l			
Medical (Nonsu	ırgıcal	Other (Specify)				☐ Medical	(Nonsurgical)) Oth	ier (Spec	ufy)			
■ Medical (Surgion Med		action Curettage Tenstrual Aspiration					(Surgical) Su (Surgical) M						
Medical (Surgio						Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	cedures, answer the follo	wing questic	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl ☐ Yes ☐	le or h	ave a post fertilization ag	e at least 20	weeks?			us viable or ha	ave a	post fer	tilization age	at least 2	20 weeks?	
		as answered yes, complete	e the follows:	no questions		_	_	ış ane	wered w	es complete t	he follo	wing questions.	
				ng questions.					-	_	ue 10110	wing questions.	
	n the t	est opportunity to surviv	□ !				is given the b les \text{No}	est of	pportuni	ty to survive?			
		etermination that the preg										an had a condition	
that required the pr woman?	rocedu	re to avert death or seriou	ıs impairmer	nt to the pregn	ant	that required woman?	d the procedur	re to	avert dea	ath or serious	impairn	nent to the pregnant	
Date last normal mer	nses b	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fe	ertilization age	of the	fetus (in weeks)	
	1	0/30/2015	*	-		10					8		
How were the gestati	10nal a	age and post fertilization	age determin	ied?									
	LINACOND												
Full name of physici													
		rming termination (numb	er and stree	t, city, state, a	ınd zip	code)							
	-	IDIANAPOLIS, IN 4622			•								
**Date Reported to	o DC	S, if Patient under 14 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEG VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnance					BLOOMINGTON					nancy termination MONROE			
The state of the state of			I D			T	··							
Patient's age** 22	Marrie [ed Yes No		01/07/2016		Educa	ation	F		ool Diploma or G	ED			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkr	nown		/ anic or Latino Hispanic or Latino	Unknown			
Live Births:		umber now living	2				Number			0				
Other Termination	s: N	umber of spontaneou		1			Number	r of indu	uced termi	nations				
Dates of termination			v			st recent.)				0				
1					4	L		_ 5	Compli	eation(s) of Pregns	ancy Termination			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:				■ N	•	_	erine Perforation			
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Hemorrhag	e ∐ Ce	rvical Laceration			
Yes I	No								nfection	☐ Re	tained Products			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No										esult in a maternal death?			
								☐ Yes	s • N	0				
				Type of	f Termin	nination Procedures								
Procedure that Term	inated P	regnancy				Additional P	rocedure t	hat Ter	minated Pr	regnancy				
Medical (Nonsu									lifepriston					
Medical (Nonsu									Iisoprostol Other (<i>Spec</i>					
Medical (Surgio	cal) Suc	tion Curettage				Medical (Surgical) Suction Curettage								
	cal) Me	nstrual Aspiration) Mens	trual Aspi					
i Wedicai (Surgio	zai) Oui	ei (specijy)				☐ Medical	(Surgical) Oniei	(ъресцу)					
FM-4:1 (C	-1)	- - 41 - 6-	11				(C:-1)			4h - 6-11				
For Medical (Surgical						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
	le or hav	e a post fertilization	age at least 20	weeks?			us viable Yes		a post fert	ilization age at le	ast 20 weeks?			
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previous	us question	n was a	nswered ye	es, complete the fo	ollowing questions.			
	n the be	st opportunity to surv	vive?					the best No	opportuni	ty to survive?				
		ermination that the p	regnant woman	n had a condi	tion	_	_		mination t	hat the pregnant v	voman had a condition			
		to avert death or ser				that require					airment to the pregnant			
woman?						woman?								
D. L.	-			Di ::		<u> </u>					4 6 ()			
Date last normal me	_	an (18/2015		Pnysician	esumate	of gestation (ın weeks)		Post fe	_	the fetus (in weeks) 6			
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					ı					
ULTRASOUND	JLTRASOUND													
E II														
Full name of physici DR. CAROL DELLI	NGER													
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)								
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_				

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PLANNÉD PARENTHO	acility Name and Address ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLECTION (ENUE, BLOOMINGTON, IN, 47403 attent's age** Married Date of pregnar					BLOOMINGTON					cy termination DNROE				
Patient's age**		. ,	Date of proce	ancy termin	nation	Educa	ntion								
Patient's age** 24	Maı	ried □ Yes ■ No		oncy termin		Educa	iiiOII		Some Co	ollege, No Degree					
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	1				Numb	er now d	eceased	0					
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations					
Dates of termination	s (Do	not include this termin	ation. If more to	han six (6),	those me	ost recent.)				0					
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	cy Termination				
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation				
									Hemorrhage	e 🔲 Cervi	cal Laceration				
Fetus viable?	No.	If viable, medical	reason for term	nination:					infection	□ Patai	ned Products				
☐ Yes ■ I	NO										ned Products				
									Other (Spec	rify)					
Pathological examin performed?	ation	If yes, results:													
Yes •	No							Did thi	s terminatio	on of pregnancy resu	Ilt in a maternal death?				
								☐ Ye)					
				Туре	of Termin	nation Procedu	res								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy					
										•					
Medical (NonsuMedical (Nonsu									Aifepristone Aisoprostol						
		l) Other (Specify)							Other (Speci						
Madical (Surgic	2 (10	uction Curettage				Medical (Surgical) Suction Curettage									
☐ Medical (Surgio	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ration					
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medical (Surgical) Other (Specify)									
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.				
	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?									
	le or i	have a post fertilization	age at least 20	weeks?			us viabi Yes [a post tert	ilization age at least	20 weeks?				
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	is anesti	ion was a	nswered ve	es, complete the follo	owing questions				
				ng question.		_	_		-	_	owing questions.				
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?					
	_	etermination that the pr	roanent	had a - "	iticz	_	_		minat!- ·1	hat the pregnant wor	non had a as 414!				
		ire to avert death or seri									ment to the pregnant				
woman?						woman?									
Date last normal men	nses b	egan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)				
	1	1/08/2015				8				6	·				
_	ional	age and post fertilization	n age determin	ied?											
ULTRASOUND															
	_	rforming termination			-										
DR. CAROL DELLI		Corming termination (num	mher and street	t city state	and zin	code)									
	-	NDIANAPOLIS, IN 46		., спу, мие,	, ини ДІР	couc _j									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_					

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE	GE City or town, of pregnancy termination County of pregnancy termination MONROE									
Patient's age** 32	Mar	ried Yes No	Date of pregn	nancy termin		Educa	tion		Bach	elor's Degree				
Race American Indiana Native Hawaiian o		laska Native [Asian White			an American	☐ Unl	known	Ethnicity Hispa		☐ Unknown			
Live Births:		Number now living	3				Numb	er now d	eceased	0				
Other Terminations:	:	Number of spontaneou	s terminations	1			Numb	er of ind	uced termin	nations 0				
Dates of terminations	(Do	not include this termina		than six (6), t	those mo	ost recent.)				<u>-</u>				
1		2				4		5	Complic	ation(s) of Pregnan	cy Termination			
Fetus delivered alive? Yes N		If yes, length of tir	ne fetus surviv	ved:					•	_				
								_	None		ne Perforation			
Fetus viable?		If viable, medical i	eason for term	nination:				∐ I	Hemorrhage	e ∐ Cerv	ical Laceration			
☐ Yes ■ N	O					☐ Infection ☐ Retained Products								
									Other (Spec	ify)				
Pathological examinat performed?	tion	If yes, results:												
Yes N	lo							Did this	terminatio	n of pregnancy res	alt in a maternal death?			
								☐ Yes	s 🔳 No)				
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (Nonsur,									lifepristone	e				
Medical (NonsurMedical (Nonsur									Iisoprostol ther (<i>Speci</i>	fy)				
	-													
Madical (Surrice	.1) C	vation Cumattaga				☐ Madical	(Cumaia)	al) Cuati	on Cumottos					
	d) M	lenstrual Aspiration				☐ Medical	(Surgica	al) Mens	on Curettag strual Aspir					
☐ Medical (Surgica	ıl) O	ther (Specify)				Medical	(Surgica	al) Other	(Specify)					
For Medical (Surgical	l) pro	cedures, answer the fol	lowing question	on.		For Medical	Surgica	l) proced	ures, answ	er the following qu	estion.			
		ave a post fertilization a	age at least 20	weeks?					a post ferti	lization age at leas	20 weeks?			
☐ Yes ☐						_	Yes [_						
If the previous question	on wa	as answered yes, comple	ete the followi	ing questions	3.	If the previou	s questi	on was a	nswered ye	s, complete the foll	owing questions.			
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes [opportunit	y to survive?				
		etermination that the pr	agnont woman	had a aandi	tion	_		_	mination th	not the pregnent we	man had a condition			
that required the pro		re to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
						•								
Date last normal mens		egan 1/25/2015		Physician	estimate	e of gestation (i	n weeks)	Post fer	tilization age of the	e fetus (in weeks)			
How were the gestation		age and post fertilization	n age determin	ned?		'								
ULTRASOUND					_		_							
Full name of physician DR. CAROL DELLIN	_	-												
		rming termination (num	nber and street	et, city, state.	and zip	code)								
= :	_	IDIANAPOLIS, IN 462			- T									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/19/2016

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PLANNÉD PARENTHO	acility Name and Address ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLE ENUE, BLOOMINGTON, IN, 47403 atient's age** Married Date of pregna					BLOOMINGTON					ocy termination				
Patient's age**	3.1		Date of pregn	ancy termin	nation	Educa	tion								
17	Mai	ried ☐ Yes ■ No		ancy termin 01/14/2016		Educa	HOH		9th-12	th, No Diploma					
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black	or Afric	an American	☐ Uni	known		anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	0				Numb	er now d	eceased	0					
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0					
Dates of termination	s (Do	not include this termina		han six (6),	those me	ost recent.)				0					
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnand	cy Termination				
☐ Yes ■ I	NO								None	☐ Uteri	ne Perforation				
								□ I	Hemorrhag	e 🔲 Cervi	ical Laceration				
Fetus viable? Yes I	Vo	If viable, medical	reason for term	ination:				Пі	nfection	☐ Retai	ned Products				
								_							
Data ta	<i>,</i> •	TC 1							Other (Spec	rify)					
Pathological examin performed?	ation	If yes, results:													
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?				
								☐ Yes	s 🔳 No	0					
				Type o	of Termin	nation Procedu	res								
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	regnancy					
Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e					
Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec						
	irgica	i) Other (specify)				Wiedicar	(1 tonsu	igicai) C	other (Spee	937					
		uction Curettage Ienstrual Aspiration				Medical	(Surgice	al) Sucti	on Curetta strual Aspir	ge					
Medical (Surgio						Medical	(Surgical	al) Othe	r (Specify)	ration					
For Modical (Surgice	o1) pr	ocedures, answer the fol	llowing questio			For Medical	(Surgian	1) proges	luras anari	ver the following que					
						For Medical (Surgical) procedures, answer the following question.									
Was the fetus viabl ☐ Yes [have a post fertilization	age at least 20	weeks?			us viable Yes 🗀		a post fert	ilization age at least	20 weeks?				
If the provious quest	ion w	as answered yes, compl	ata tha fallowin	na augstions		If the proviou	e anosti		nervarad v	es, complete the foll	owing questions				
				ng questions	S.		_		-	-	owing questions.				
Was the fetus gives ☐ Yes ☐		best opportunity to surv	ive?				us given Yes [_	opportunit	ty to survive?					
What was the basis	ford	etermination that the pr	eanant woman	had a cond:	ition	_	_	_	mination 4	hat the preament was	nan had a condition				
that required the pr		ire to avert death or seri				that require					ment to the pregnant				
woman?						woman?									
Date last normal men	nses b	egan		Physician	estimate	e of gestation (i	in weeks	:)	Post fe	rtilization age of the	fetus (in weeks)				
TT -3		1/22/2015	*	10		7				5					
How were the gestat ULTRASOUND	ed?														
22110100014D															
Full name of physici	an no	rforming termination													
DR. CAROL DELLI	_	-													
	-	orming termination (num		t, city, state,	and zip	code)									
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225												
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/19/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (GE City or town, of pregnancy termination County of pregnancy termination MONROE						
Patient's age** 33	Marı	ied ■ Yes □ No	Date of pregn	nancy termina 01/14/2016		Educa	tion		Bach	elor's Degree	
Race American Indiana Native Hawaiian o	or Otl	ner Pacific Islander	Asian White	☐ Black o	or Africa	an American	☐ Unl	known		nic or Latino lispanic or Latino	☐ Unknown
Live Births:		Number now living	2				Numb	er now d	eceased	0	
Other Terminations	:	Number of spontaneou	s terminations	i			Numbe	er of ind	uced termin	nations 0	
Dates of terminations	(Do	not include this termina	,	than six (6), t	those mo	ost recent.)					
Fetus delivered alive?)	If yes, length of tir	ne fetus surviv	red:		4		5	Complic	ation(s) of Pregnar	cy Termination
Yes N		ir yes, length of the	ne retus sur viv	· cu.				■ N	None	☐ Uter	ine Perforation
									Hemorrhage	_	rical Laceration
Fetus viable?	r_	If viable, medical i	reason for term	nination:					C	_	
☐ Yes ■ N	10								nfection	_	ined Products
Data ta		TC 1							Other (Spec	ify)	
Pathological examina performed?	tion	If yes, results:									
☐ Yes ■ N	Ю							Did this			ult in a maternal death?
							Į.		,	<u> </u>	
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone											
	gical) Misoprostol					(Nonsur	gical) M	Iisoprostol		
☐ Medical (Nonsur	gical	Other (Specify)				☐ Medical	(Nonsur	gical) C	ther (Speci	fy)	
Medical (Surgical Medical (Surgical		enstrual Aspiration							on Curettag strual Aspir		
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical									(Specify)	ation	
For Medical (Surgical	l) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgica	l) proced	ures, answ	er the following qu	estion.
-	_	ave a post fertilization a						_		lization age at leas	
Yes •			.ge ut 1045t 20	weens.			Yes [u post reru	area ago at roas	t 20 weeks.
If the previous question	on wa	s answered yes, comple	ete the followi	ng questions	-	If the previou	s questi	on was a	nswered ye	s, complete the fol	lowing questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ive?				us given Yes		opportunit	y to survive?	
What was the basis	for de	etermination that the pro-	egnant woman	n had a condit	tion	What was tl	ne basis	for deter	mination th	at the pregnant wo	man had a condition
		re to avert death or seri									rment to the pregnant
woman.						woman.					
Date last normal men	ses h	egan		Physician	estimate	e of gestation (i	n wooke)	Post fee	tilization age of th	e fetus (in weeks)
	1	1/02/2015		_	Journall	10	meens		1 030 101	8	
_	onal a	ge and post fertilization	n age determin	ned?							
ULTRASOUND	LTRASOUND										
Full name of physicia	_	-									
DR. CAROL DELLIN		rming termination (num	nber and stree	t, city, state	and zin	code)					
= -	_	DIANAPOLIS, IN 462		.,, sime,							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLE AVENUE, BLOOMINGTON, IN, 47403	GE City or	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termin MONROE								
23 Yes No 0	ncy termination 1/14/2016	Educa	tion		nelor's Degree					
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		7 anic or Latino Hispanic or Latino					
Live Births: Number now living 0				er now deceased	0					
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	-					
Dates of terminations (Do not include this termination. If more the	an six (6), those m	nost recent.)		-						
Fetus delivered alive? If yes, length of time fetus survived	d:	4		Complic	cation(s) of Pregnancy Termination					
☐ Yes ■ No				None	☐ Uterine Perforation					
Fetus viable? If viable, medical reason for termin	nation:			☐ Hemorrhage	e Cervical Laceration					
Yes No				☐ Infection	☐ Retained Products					
				Other (Spec	cify)					
Pathological examination If yes, results: performed?										
Yes No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?					
<u> </u>					<u> </u>					
	Type of Term	rmination Procedures								
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy					
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e					
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)				rgical) Misoprostol rgical) Other (Spec						
Medical (Surgical) Suction Curettage		☐ Medical	(Surgic	al) Suction Curetta	ge					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical ☐ Medical	(Surgic	al) Menstrual Aspir al) Other (Specify)	ration					
For Medical (Surgical) procedures, answer the following question	ı.	For Medical	(Surgica	ıl) procedures, answ	ver the following question.					
Was the fetus viable or have a post fertilization age at least 20 w	veeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
☐ Yes ☐ No If the previous question was answered yes, complete the following	g anestions				es, complete the following questions.					
Was the fetus given the best opportunity to survive?	5 daesnonsi		-	the best opportunit						
☐ Yes ☐ No			Yes [•					
What was the basis for determination that the pregnant woman he that required the procedure to avert death or serious impairment					hat the pregnant woman had a condition ath or serious impairment to the pregnant					
woman?	1 0	woman?	•		1 1 0					
		1								
Date last normal menses began 11/29/2015	Physician estimat	te of gestation (i	in weeks	Post fe	rtilization age of the fetus (in weeks) 4					
How were the gestational age and post fertilization age determined	d?			l						
ULTRASOUND										
Full name of physician performing termination										
DR. CAROL DELLINGER	aten ar r									
Address of physician performing termination (<i>number and street</i> , 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	city, state, and zip	o coae)								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/19/2016

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PLANNÉD PARENTHO	racility Name and Address ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE ZENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnate					BLOOMINGTON I					ancy termination			
Patient's age**	3.1		Date of prece	nancy termin	nation	Educa	tion							
Patient's age** 27	Maı	ried ☐ Yes ■ No		nancy termi 01/14/2016		Educa	uon		9th-12	th, No Diploma				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations				
		not include this termin	0 ation. If more t	han six (6),	those me	ost recent.)				0				
1		2				4		5		6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregna	ncy Termination			
☐ Yes ■ I	No								None	☐ Ute	rine Perforation			
								П	Hemorrhag	e ∏ Cer	vical Laceration			
Fetus viable?	NT _	If viable, medical	reason for term	nination:						_	ained Products			
☐ Yes ■ I	NO							∐ I	nfection	☐ Ket	ained Products			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did this	s terminatio	on of pregnancy re	sult in a maternal death?			
								☐ Yes		0				
				Type o	of Termi	nation Procedu	res							
Procedure that Term	inata	1 Prognancy		• •		Additional P	roodura	that Tar	minatad Dr	ragnangy				
		•												
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepriston Aisoprostol					
		l) Other (Specify)							Other (Spec					
	1) 0	· · · · · · · · · · · · · · · · · · ·					/G :	1) (1	- C ++					
		uction Curettage Menstrual Aspiration				Medical Medical	(Surgic	al) Sucti al) Mens	on Curettag strual Aspin	ge ration				
☐ Medical (Surgio	al) C	Other (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures answ	er the following a	uestion			
	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
	le or h ■ No	nave a post fertilization	age at least 20	weeks?			us viable Yes		a post fert	alization age at lea	st 20 weeks?			
If the provious quest	ion w	as answered was some	ata tha fallowi	na augstion	10	If the proving	e anasti	On Woo o	nervared ve	os aomnioto the fo	llowing questions.			
ii the previous quest	ion w	as answered yes, compl	ete the followi	ng question	is.	ii the previou	is questi	on was a	iiswered ye	es, complete the fo	mowing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us given Yes [_	opportunit	ty to survive?				
	_					_	_	_						
		letermination that the partie to avert death or seri									oman had a condition irment to the pregnant			
woman?			1	1	0	woman?				Ţ.	1 .6			
Date last normal men	neac L	negan		Physician	a estimat	e of gestation (in waal-	-)	Doct for	rtilization are of 4	ne fetus (in weeks)			
Date last normal file		1/17/2015		1 Hysicial	i cominal	9	n weeks	''	1 081 16	_	retus (in weeks)			
How were the gestat	ional	age and post fertilization	n age determin	ned?										
ULTRASOUND														
						<u> </u>								
Full name of physici	an pe	rforming termination												
DR. CAROL DELLI														
	-	orming termination (num		t, city, state	, and zip	code)								
200 S. WERIDIAN S	اا , ا د	NDIANAPOLIS, IN 46	220											
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/19/2016

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGIVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnance						GE City or town, of pregnancy termination County of pregnancy term BLOOMINGTON MONRO						
Dations 2			D-4 C		-4:	I ma	-4:						
17	Marrie	d Yes • No		01/14/2016		Educ	ation			th, No Diploma	١		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	an American	☐ Unk	nown		/ anic or Latino Hispanic or Latin	10	Unknown	
Live Births:		umber now living	1	<u> </u>				er now d		0			
Other Termination	s: N	umber of spontaneou	us terminations	1			Numbe	er of ind	uced termi	nations			
Dates of termination	s (Do no	ot include this termin	ation. If more i	than six (6), t	those mo	ost recent.)	<u> </u>			0			
1						4		5	C1:	6		Fi	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:				_		cation(s) of Pregr	•		
								■ N	None	_ U	terine	Perforation	
Fetus viable?		If viable, medical	reason for term	nination:				☐ F	Hemorrhag	e 🗌 C	ervical	Laceration	
☐ Yes ■	No								nfection	☐ R	etained	d Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No								s termination	on of pregnancy	result	in a maternal death?	
								☐ Yes	s I N	0			
				Type of	f Termin	nation Procedu	ires						
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu									lifepriston				
Medical (Nonsu									lisoprostol Other (Spec				
Medical (Surgional Control Contro	eal) Suc	tion Curettage				Medical (Surgical) Suction Curettage							
	cal) Mer	nstrual Aspiration				☐ Medica	l (Surgica	l) Mens	strual Aspi				
	car) Our	er (specify)				Medical (Surgical) Other (Specify)							
	1	1	11				/G : 1			.1 (.11)			
For Medical (Surgice						For Medical (Surgical) procedures, answer the following question.							
	le or hav No	e a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	ilization age at l	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previo	us questio	n was a	nswered ye	es, complete the	follow	ing questions.	
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	ermination that the p	ragnant ware-	had a aand!	tion	_	_		mination f	hat the program	Works :	n had a condition	
that required the pr		to avert death or ser				that require						nt to the pregnant	
woman?						woman?							
				T									
Date last normal me	_	an 22/2015		Physician	estimate	e of gestation ((in weeks)		Post fe	rtilization age of	the fe	tus (in weeks)	
How were the gestat			on age determin	ned?		<u> </u>					-		
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER												
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_			

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	CSI) (MONROE CO.) - 42	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termi MONROE										
Patient's age**	Mar	ried No	Date of pregn	nancy termina		Educa	tion	ı	High Scho	ol Diploma or G	GED.			
Race American Indiana Native Hawaiian o		laska Native [Asian White			an American	□ IIn	known	Ethnicity Hispa			Unknown		
Live Births:		Number now living	0	Oulei				er now d		0	<u> </u>	Chkhown		
Other Terminations	:	Number of spontaneou	s terminations				Numb	er of ind	uced termin					
Dates of terminations	(Do	not include this termina	tion. If more t	than six (6), t	hose mo	ost recent.)				0				
1		2	3			4		5	C1:-	6	т			
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	ved:				_ ,	•	eation(s) of Pregn	•			
									None			Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:					Hemorrhage			Laceration		
☐ Yes ■ N	o							☐ I	nfection	☐ Re	etained	Products		
									Other (Spec	eify)				
Pathological examinate performed?	tion	If yes, results:												
Yes N	lo					Did this termination of pregnancy result in a maternal death' Yes No								
							[res	S <u>I</u> NO)				
				Type of	f Tormis	nation Dropodus	*06							
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsur ☐ Medical (Nonsur									Aifepriston Aisoprostol					
☐ Medical (Nonsur	gical	Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)				
Medical (Surgica									on Curetta					
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical		Ienstrual Aspiration ther (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical	1) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following		on.		
	_	ave a post fertilization a					_	_		ilization age at le	_			
Yes Yes			ige at least 20	weeks.			res [a post for	mzation ago at ic	20	weeks.		
If the previous question	on wa	as answered yes, comple	ete the following	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the f	followi	ng questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us given Yes [opportunit	y to survive?				
What was the basis	for d	etermination that the pro	egnant woman	had a condit	tion	What was th	ne basis	for deter	mination tl	hat the pregnant v	woman	had a condition		
		re to avert death or seri-										nt to the pregnant		
woman.						woman.								
Data last namual man	h	200		Dhygiaian	aatimaat	of contation (i		-1	Dogt for	utilization ago of	tha fat	na (in ma aka)		
Date last normal mens		egan 1/09/2015		i nysician (csumate	e of gestation (i 9	n weeks)	FOST 16:	rtilization age of	the fet	us (in weeks)		
=	onal	age and post fertilization	n age determin	ned?										
ULTRASOUND	LTRASOUND													
Full name of physicia	n nei	forming termination												
DR. CAROL DELLIN	_	-												
= -	_	orming termination (num		t, city, state,	and zip	code)								
ZUU S. MEKIDIAN S	ı, IN	IDIANAPOLIS, IN 462	<u></u>											
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

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Facility Name and Addr PLANNED PARENTHOOD (AVENUE, BLOOMINGTON,	ess PPCS IN, 47	SI) (MONROE CO.) - 42 ⁻ 7403	I SOUTH COLL	EGE City	or town,	of pregna	•			County of pregnancy termin MONROE	ation	
Patient's age** M		, 1	Date of proces	ancy termination	nn .	Educa	tion					
Patient's age M 23	arrie	d Yes • No		ancy termination 01/14/2016	n1	Educa	uon	H	High Scho	ol Diploma or GED		
Race American Indiana or Native Hawaiian or	Other	Pacific Islander	Asian White	☐ Black or A	African Ar	merican		nknown	☐ Not H	nic or Latino	Jnknown	
Live Births:		umber now living	1					ber now de		0		
Other Terminations:	Nı	umber of spontaneous	terminations 0				Numb	ber of indu	iced termin	nations 0		
Dates of terminations (D	Оо по	t include this termina	tion. If more t	han six (6), thos	se most re	cent.)						
L	_ 2.		3		4			5	Commit -	ation(s) of Pregnancy Termin	ation	
Fetus delivered alive? Yes No		If yes, length of tim	ne tetus surviv	ed:					_	_		
_								■ N	Vone	Uterine Perfora	ation	
Fetus viable?		If viable, medical re	eason for term	ination:				☐ H	Iemorrhage	e Cervical Lacer	ation	
☐ Yes ■ No								☐ Iı	nfection	Retained Produ	icts	
									Other (Spec	ify)		
Pathological examination	n	If yes, results:						1				
performed? ☐ Yes ■ No								Did this	terminatio	on of pregnancy result in a ma	ternal death?	
					Yes No							
Type of Termination Procedures												
Procedure that Terminat												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone												
☐ Medical (Nonsurgio	cal) l	Misoprostol				Medical	(Nonsu	rgical) M	lisoprostol			
☐ Medical (Nonsurgio	cal) (Other (Specify)				Medical	(Nonsu	irgical) O	ther (Speci	fy)		
Medical (Surgical)					_ 🖺				on Curettag			
☐ Medical (Surgical) ☐ Medical (Surgical)						Medical	(Surgic	cal) Mens cal) Other	trual Aspir (Specify)	аноп		
For Medical (Surgical) p	rocc	dures answer the fell	owing question	an	_	Medical (Surgice	al) proced	litec oper.	er the following question		
			- 1		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the fetus viable or ☐ Yes ■ 1		e a post fertilization a	ge at least 20	weeks'?	W		us viabl Yes [a post fert	litzation age at least 20 weeks	37	
If the previous question	was	answered yes. comple	te the following	ng questions.	If th	ne previou	s guest	ion was a	nswered ve	s, complete the following que	estions.	
Was the fetus given the				J 1		•	•		•	y to survive?		
Yes \(\square\)		t opportunity to survi	vo:		, vv		res [opportunit	y to survive:		
What was the basis for										nat the pregnant woman had a		
that required the proce- woman?	dure	to avert death or serio	ous impairmen	it to the pregnan		at required oman?	d the pr	rocedure to	o avert dea	th or serious impairment to the	e pregnant	
Data 1t 1	, 1-	240		Db:	mat- C	nat-ti (·	a)	D. C	tiligation (Cd C) (C)		
Date last normal menses	_	an 16/2015		Physician esti	inate of g	estation (i	n week:	s)	Post fer	tilization age of the fetus (in 5	weeks)	
How were the gestationa	al age	and post fertilization	age determin	ed?								
ULTRASOUND												
Full name of physician p DR. CAROL DELLING		rming termination										
Address of physician per		ning termination (num	ber and street	t, city, state, and	l zip code)						
200 S. MERIDIAN ST,		-										
**Date Reported to D	CS,	if Patient under 14	(month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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PLANNÉD PARENTHO	cility Name and Address NNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLE NUE, BLOOMINGTON, IN, 47403 tient's age** 21 Aurried Yes No Date of pregna				City or t	own, of pregna BLOOM	•			County of pregnan	ocy termination					
Patient's acce**		.,	Data of neco-	ancy town:	ation	Educa	tion									
-	Mar			ancy termin 01/14/2016		Educa	ition	1	High Scho	ol Diploma or GEI)					
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black ☐ Other	or Afric	an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown					
Live Births:		Number now living	0				Numb	er now d	eceased	0						
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0						
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)										
1		2	3			4		5		6						
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:					Complic	cation(s) of Pregnand	cy Termination					
☐ Fes ■ I	NO							• 1	None	☐ Uteri	ne Perforation					
		70						□ I	Hemorrhago	e 🔲 Cervi	cal Laceration					
Fetus viable? Yes I	Vo	If viable, medical	reason for term	ination:				Пі	nfection	☐ Retai	ned Products					
	. 10									_	ned i roducts					
									Other (Spec	cify)						
Pathological examin performed?	ation	If yes, results:														
Yes •	No							Did thi	s termination	on of pregnancy resu	alt in a maternal death?					
								☐ Ye	s 🔳 No	0						
				Type o	f Termi	nation Procedu	res									
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy						
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol							
		Other (Specify)							Other (Speci							
Madical (Surgic	(1) C	uction Curettage				Medical (Surgical) Suction Curettage										
☐ Medical (Surgio	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ge ration						
☐ Medical (Surgio	cal) C	other (Specify)				Medical (Surgical) Other (Specify)										
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.					
	_	ave a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?										
	■ No		age at least 20	weeks?			Yes [_	a post tert	ilization age at least	20 Weeks!					
If the previous quest	ion w	as answered yes, compl	lete the followir	ng auestions	S.	If the previou	ıs auesti	ion was a	nswered ve	es, complete the follo	owing questions.					
				ng question			_		-	-	owing questions.					
Was the fetus giver ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?						
What was the basis	ford	etermination that the pr	agnent women	had a condi	ition	What was t	ha hagis	for data	mination th	hat the pregnant was	mon had a condition					
		re to avert death or ser								hat the pregnant wor oth or serious impair	ment to the pregnant					
woman?						woman?										
Date last normal men	nses b	egan		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)					
	1	0/12/2015				11		· 		9	·					
_	ional	age and post fertilization	n age determine	ed?												
ULTRASOUND																
	_	rforming termination														
DR. CAROL DELLI		Porming termination (number of the least of	mhar and street	t city state	and sin	code)										
	-	orming termination (<i>nui</i>		, cny, state,	ини zip	coue)										
	,	,														
**Date Reported t	o DC	S, if Patient under 1	4 (month, day, y	year):						_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	City or t	own, of pregna BLOOM	ncy terminatio	'n	County of pregnar	ncy termination ONROE		
Dationt's ag-**	_		Date of	annay tar	nticm	Fd	tion					
Patient's age** 22	Mar	ried Yes No	Date of pregr	01/14/2016	ation	Educat	tion		ool Diploma or GEI	D		
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black o ■ Other	or Africa	an American	Unknown		panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Number now	deceased	0			
Other Termination	ns:	Number of spontaneou	s terminations 0				Number of ir	nduced term	ninations 0			
Dates of termination	ns (Do	not include this termino				ost recent.)						
Fetus delivered alive	e?	If yes, length of tir	ne fetus survis			4	5.		ication(s) of Pregnan	cy Termination		
Yes •		in yes, length of the	ne retus sur viv	red.				None	_	ne Perforation		
								Hemorrha	_	ical Laceration		
Fetus viable?	NI-	If viable, medical r	reason for term	nination:					_			
☐ Yes ■	NO							Infection	_	ined Products		
Dath desired annuin	4	If						Other (Spe	ecify)			
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No							his terminat		alt in a maternal death?		
				Type of	Termi	nation Procedur	res					
Procedure that Term	ninate	Pregnancy		JF 0 31			ocedure that T	erminated I	Pregnancy			
		•				_						
Medical (Nonsu	urgica) Misoprostol				☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	ol			
Medical (Nonst	urgica) Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spe	ecify)			
		uction Curettage Ienstrual Aspiration					(Surgical) Suc (Surgical) Me					
Medical (Surgio							(Surgical) Oth					
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) proc	edures, ans	wer the following que	estion.		
Was the fetus viab	ole or h	ave a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [_	Yes No		1			
		as answered yes, comple		ng questions.	•	_			yes, complete the foll	owing questions.		
	n the No	pest opportunity to survi	ive?				us given the be Yes \text{No}	st opportun	ity to survive?			
		etermination that the pro-							that the pregnant wor			
that required the process woman?	rocedı	re to avert death or seri	ous impairmei	nt to the pregr	nant	that required woman?	d the procedure	e to avert de	eath or serious impair	ment to the pregnant		
Date last normal me	enses b	egan		Physician 6	estimate	e of gestation (i	n weeks)	Post f	fertilization age of the	e fetus (in weeks)		
	1	0/31/2015		_		10	,		8	, ,		
How were the gestational age and post fertilization age determined? ULTRASOUND												
OLINAGOUND	THIN GOOD											
Full name of physic												
DR. CAROL DELLI			nhar and atus	t pitu atata	and -:-	code)						
	-	orming termination (num IDIANAPOLIS, IN 462		ı, спу, state, t	ипа zīp	coue)						
**Date Reported	to DC	S, if Patient under 14	(month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to		ancy termination	on	County of pregnan	cy termination		
Defice 2			D-4 C		4:	F 1	4:					
Patient's age** 22	Marri	ed Yes I No	Date of pregr	01/14/2016		Educa	ition		helor's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unknown		y panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Number nov		0			
Other Termination	s: N	Number of spontaneou		3			Number of i	nduced term				
Dates of termination		ot include this termin	•			st recent.)			0			
I		2			4	·	5	Compli	cation(s) of Pregnance	ry Termination		
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				None	_	ne Perforation		
									_			
Fetus viable?		If viable, medical	reason for term	nination:				Hemorrhag	ge 📙 Cervi	cal Laceration		
Yes •	No							Infection	☐ Retai	ned Products		
								Other (Spe	ecify)			
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Did t	his terminati	ion of pregnancy resu	alt in a maternal death?		
							<u> </u>	Yes ■ N	lo			
				Type of	f Termin	ation Procedu	res					
Procedure that Term	inated I	Pregnancy				Additional Pr	rocedure that T	erminated P	regnancy			
Medical (Nonsu							(Nonsurgical)					
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)					
Medical (Surgio	ral) Suc	ction Curettage				☐ Medical (Surgical) Suction Curettage						
Medical (Surgio	cal) Me	nstrual Aspiration					(Surgical) Mo	enstrual Asp	iration			
Medical (Surgio	cai) Otr	ier (<i>Specify</i>)					(Surgical) Ot	ner (<i>Specify)</i>	1			
For Medical (Surgical	al) proc	edures, answer the fo	ollowing question	on.		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav	ve a post fertilization	age at least 20	weeks?			us viable or ha Yes 🔲 No	ve a post fer	tilization age at least	20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	s.	If the previou	ıs question wa	s answered y	es, complete the follo	owing questions.		
	n the be	st opportunity to surv	vive?				us given the be	est opportuni	ity to survive?			
		ermination that the p	regnant women	n had a condi	ition	_	_	termination	that the pregnant wor	nan had a condition		
that required the pr		e to avert death or ser				that require			ath or serious impair			
woman?						woman?						
Γ				Τ = .		_		1				
Date last normal me	-	gan /23/2015		Physician	estimate	of gestation (in weeks)	Post fo	ertilization age of the 6	tetus (in weeks)		
How were the gestat		ge and post fertilization	on age determin	ned?		-						
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	ming termination (nu		et, city, state,	and zip	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	town, of pregna BLOOM	•			County of pregnand	cy termination		
Patient's age**		.,	Date of pregn	ancy tormi	nation	Educa	tion						
22	Maı	ried □ Yes ■ No		oney termir		Educa	ition	ı	High Scho	ol Diploma or GED)		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	NO							• 1	None	☐ Uterir	ne Perforation		
						☐ Hemorrhage ☐ Cervical Laceration							
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				 	nfection	☐ Retair	ned Products		
	NO									_	ieu i roducts		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?		
								☐ Ye)			
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inata	Dragnancy				Additional P	rocedur	a that Tar	minated Dr	eagnancy.			
		•								•			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		Other (Specify)							Other (Spec				
——————————————————————————————————————	1) 0	·				Medical (Surgical) Suction Curettage							
		uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	cal) Sucti cal) Mens	on Curetta; strual Aspii	ge ration			
☐ Medical (Surgio	al) C	other (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures answ	er the following que	 stion		
Was the fetus viable Yes [ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the pravious quest	ion w	as answered yes, compl	lata tha fallawis	na auastian		If the praviou	is anost	ion was a	navored va	es, complete the follo	wing questions		
ii the previous quest	ion w	as answered yes, comp	iete the follown	ng question	s.	ii the previou	is quest	ion was a	nswered ye	es, complete the folic	owing questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to surv	rive?				us givei Yes [opportunit	y to survive?			
						_	_						
		etermination that the parties to avert death or serious								hat the pregnant won th or serious impairr			
woman?	occu.	are to avery dealer of sec	ous impairmen	n to use proj	5	woman?	o are pr	occurre .	o aver dea	or serious impuni	nem to the pregnam		
Data leat magnet 1	2005 1	agan		Dham'-'-	ontin	o of gostoti (in1	a)	Doct f	rtilization and -f-4	fatus (in accades)		
Date last normal men		egan 1/24/2015		riiysician	estimate	e of gestation (ın week.	3)	Post ie	rtilization age of the 5	icius (in weeks)		
How were the gestat		age and post fertilization	n age determin	ied?									
ULTRASOUND	LTRASOUND												
Full name of physici	an pe	rforming termination											
DR. CAROL DELLI	NGE	R											
	-	orming termination (num		t, city, state,	, and \overline{zip}	code)							
ZUU S. MEKIDIAN S	۱, اد	NDIANAPOLIS, IN 46	ZZ3										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	LEGE (City or t	own, of pregna				County of pregi	nancy MONI			
Patient's age** 24	Marı	ied ☐ Yes ■ No	Date of pregn	nancy termina 01/14/2016	ation	Educa	tion	ŀ	High Scho	ol Diploma or G	ED		
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	■ Black o	or Africa	an American		known	Not H	nnic or Latino Hispanic or Latino)	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Terminations:	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 1			
Dates of terminations 08/2015	(Do	not include this termina	v	than six (6), t	hose mo	ost recent.)							
Fetus delivered alive?	,	If yes, length of tin	3	rad:		4		5	Complic	eation(s) of Pregn	ancv 7	Termination	
Yes N		if yes, length of the	ne retus sur viv	rea.				■ N	None	_	•	Perforation	
									Hemorrhage			Laceration	
Fetus viable?	r_	If viable, medical r	eason for term	nination:									
☐ Yes ■ N	0								nfection	_	etainec	l Products	
B.d. I. I. I.		TC 1:							Other (Spec	rify)			
Pathological examinate performed?	tion	If yes, results:											
☐ Yes ■ N	Ю							Did this			esult i	n a maternal death?	
									S <u> </u>)			
				Type of	f Termi	nation Procedur	res						
Duo andres that Tamaia	notod	Dragmanay		Турс от	Termin			that Tam	minated De				
Procedure that Termin		•				Additional Pr							
☐ Medical (Nonsur ☐ Medical (Nonsur									Iifepriston Iisoprostol				
☐ Medical (Nonsur	gical	Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)			
Medical (Surgica									on Curetta				
☐ Medical (Surgica		enstrual Aspiration ther (Specify)							strual Aspii r (<i>Specify)</i>	ration			
For Medical (Surgical	l) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgica	al) proced	lures answ	er the following	mesti	on	
	_						_	_		_	_		
Was the letus viable ☐ Yes ■		ave a post fertilization a	ige at least 20	weeks?			res [a post tert	ilization age at le	ast 20	weeks?	
If the previous question	on wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the f	ollowi	ng questions.	
Was the fetus given	the b	est opportunity to survi	ve?			Was the fet	ıs giver	the best	opportunit	y to survive?			
☐ Yes ☐		11 2					Yes [11	•			
		etermination that the pro								hat the pregnant v			
woman?	ceau	re to avert death or serie	ous impairmei	nt to the pregi	паш	woman?	a me pr	ocedure i	o avert dea	un or serious imp	anne	nt to the pregnant	
Date last normal mens	ses b	egan		Physician of	estimate	e of gestation (i	n weeks	s)	Post fe	rtilization age of	the fet	us (in weeks)	
However de		1/13/2015		100		9					7		
How were the gestational age and post fertilization age determined? ULTRASOUND													
Full name of physicia	_	-											
DR. CAROL DELLIN		rming termination (nun	nhar and stuce	t city state	and zir	code)							
= -	_	DIANAPOLIS, IN 462		i, city, state, t	ана ДІР	coue)							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-			

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Patient's age**	3.5	. ,	Date of pregn	ancy termin	nation	Educa	ntion						
Patient's age** 22	Mai	ried □ Yes ■ No		nancy termir 01/14/2016		Educa	iciOII		Bach	nelor's Degree			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black □ Other		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations			
Dates of termination 1. 03/2015	s (Do	not include this termin		than six (6),		ost recent.)		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:			cy Termination						
☐ Yes ■	No					■ None ☐ Uterine Perfora							
						Hemorrhage Cervical Laceration							
Fetus viable? Yes 1	No	If viable, medical	reason for term	nination:					nfection	_	ined Products		
	NO									_	med Froducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										ult in a maternal death?		
								☐ Ye	s 🔳 No	D			
											1		
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
■ Medical (Nonsu	ırgica	Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol				
Medical (Nonsu	ırgıca	l) Other (Specify)				☐ Medica.	(Nonsu	irgical) (Other (Spec	ify)			
		uction Curettage				Medical	(Surgic	al) Sucti	on Curetta	ge			
☐ Medical (Surgio		Instrual Aspiration Other (Specify)							strual Aspin r (Specify)	ration			
For Medical (Surgic	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
	le or l	have a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previo	ıs quest	ion was a	nswered ye	es, complete the fol	lowing questions.		
		best opportunity to surv	ive?					_	opportunit	ty to survive?			
☐ Yes [_l No)					Yes [□ No					
		etermination that the property to avert death or serious									man had a condition rment to the pregnant		
woman?	oceai	ire to avert death or sen	ious impairmei	n to the preg	gnam	woman?	a me pr	ocedure i	o avert dea	un or serious impai	ment to the pregnant		
Date last normal me	ngas k	iegan		Physician	estimate	e of gestation (in week	c)	Post fo	rtilization age of th	e fetus (in wooks)		
Dute hast normal file		1/29/2015		1 Hysiciali	commatt	7	in week	•)	1 051 10	5	c rotus (in weeks)		
=	ional	age and post fertilization	n age determin	ned?									
ULTRASOUND	LTRASOUND												
Full name of physici DR. CAROL DELLI	_	rforming termination R											
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN	51,1	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna	ancy termina MINGTON	ation		County of preg	nancy	
Defice 2			D-4 C		4:	l n i	· · · · · ·					
Patient's age** 23	Marrie [ed Yes • No	Date of pregr	01/14/2016		Educa	ition			elor's Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unknov			nnic or Latino Hispanic or Latin	10	Unknown
Live Births:		umber now living					Number no			0		_
Other Termination	s: N	umber of spontaneou		<u> </u>			Number of	f induc	ced termin			
Dates of termination			•	, ,		st recent.)				0		
I					4	·		5	Complic	ation(s) of Pregi	nancy '	Termination
Fetus delivered alive		If yes, length of ti	me retus surviv	veu:				■ No	1	_	•	Perforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:				He	emorrhage	e ∐ C	ervical	Laceration
Yes •	No						[Inf	fection	☐ R	etaineo	l Products
								Ot	ther (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Die	d this t	terminatio	on of pregnancy	result i	in a maternal death?
								Yes	■ No)		
				Type of	f Termin	ation Procedu	res					
Procedure that Term	inated P	regnancy				Additional P	rocedure that	t Term	ninated Pr	egnancy		
Medical (Nonsu							(Nonsurgica					
Medical (Nonsu							(Nonsurgica (Nonsurgica					
Medical (Surgional Control Contro	ral) Suc	tion Curettage				Medical (Surgical) Suction Curettage						
☐ Medical (Surgio	cal) Me	nstrual Aspiration					(Surgical) I	Mensti	rual Aspii			
Medical (Surgio	cai) Oth	er (Specify)				☐ Medical	(Surgical)	Otner ((Ѕресіƒу)			
For Medical (Surgical	al) proce	edures, answer the fo	ollowing question	on.		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav No	e a post fertilization	age at least 20	weeks?			tus viable or l Yes No		a post fert	ilization age at l	east 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previou	us question w	was ans	swered ye	es, complete the	follow	ing questions.
	n the be	st opportunity to surv	vive?				tus given the		pportunit	y to survive?		
	_	ermination that the p	regnant woman	n had a condi	ition	_	_		nination th	nat the pregnant	WOmai	n had a condition
that required the pr		to avert death or ser				that require						nt to the pregnant
woman?						woman?						
				DI		6						
Date last normal me	_	an 14/2015		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of	the fe	tus (<i>in weeks)</i>
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					I			
ULTRASOUND												
Γ 												
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		rt, city, state,	and zip	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/21/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPCS		1 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** N	1arrie	d Yes • No	Date of pregn	nancy termina 01/14/2016		Educa	tion		Bach	elor's Degree			
Race American Indiana of Native Hawaiian or	Other	Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown		
Live Births:	N	ımber now living	0				Numb	er now d	eceased	0			
Other Terminations:	N	umber of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0			
Dates of terminations (I	Do no		,	than six (6), t	those me	ost recent.)							
I	2	TC 1 (1 C.)		1		4		5	Complic	ation(s) of Pregnance	ev Termination		
Fetus delivered alive? Yes No		If yes, length of tir	ne retus surviv	/ea:					•	_	•		
						■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cervi	cal Laceration		
☐ Yes ■ No								☐ I	nfection	☐ Retai	ned Products		
									Other (Spec	ify)			
Pathological examination	on	If yes, results:											
performed? ☐ Yes ■ No								Did this	s terminatio	on of pregnancy resi	alt in a maternal death?		
								☐ Yes					
Procedure that Termina	ted P	regnancy	minated Pr	egnancy									
☐ Medical (Nonsurgi	ical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi									Aisoprostol Other (Speci	(f _v)			
i wedicar (rvonsurgi	icai)	Stilet (Specify)				Wiedicar	(1 vonsu	igicai) C	other (Speci	J <i>y)</i>			
Medical (Surgical)Medical (Surgical)									on Curettag strual Aspir				
Medical (Surgical)									r (Specify)				
For Medical (Surgical)	proce	dures, answer the fol	lowing questic	on.		For Medical	Surgica	ıl) proced	lures, answ	er the following que	estion.		
Was the fetus viable of	_					Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes Yes		e a post fertilization (ige at least 20	weeks.			Yes [a post tert	mzation age at least	20 WCCKS.		
If the previous question	was	answered yes, comple	ete the followin	ng questions		If the previou	s questi	on was a	nswered ye	s, complete the foll	owing questions.		
Was the fetus given th	ne bes	t opportunity to survi	ve?			Was the fet	us given	the best	opportunit	y to survive?			
☐ Yes ☐	No						Yes [•			
What was the basis fo											nan had a condition		
that required the proce woman?	eaure	to avert death or sen	ous impairmer	nt to the preg	nant	woman?	a tne pro	oceaure t	o avert dea	tn or serious impair	ment to the pregnant		
Date last normal mense	s beg	an		Physician	estimate	e of gestation (i	n weeks	;)	Post fer	rtilization age of the	fetus (in weeks)		
	11/	12/2015		_		9		,		7	,,		
How were the gestation	al age	and post fertilization	n age determin	ned?									
ULTRASOUND													
Full name of physician	norfe	rming termination											
DR. CAROL DELLING	-	ming termination											
Address of physician pe		-		t, city, state,	and zip	code)							
200 S. MERIDIAN ST.	, IND	IANAPOLIS, IN 462	225										
**Date Reported to I	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/21/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PP	CSI) (MONROE CO.) - 42 47403	21 SOUTH COLLEGE	City or town	, of pregna BLOOM	•		County of pregnance	y termination NROE				
Patient's age**	Marri	ied □ Yes ■ No	Date of pregnancy term 01/14/201		Educat	tion	Qth-1	2th, No Diploma					
Race American Indian Native Hawaiian Live Births:	or Oth	aska Native		k or African A	american		Ethnicit Hisp	<u> </u>	□ Unknown				
Other Termination	s:	Number of spontaneou	us terminations			Numb	per of induced term						
Dates of termination 1. UNKNOWN	s (Do n	not include this termin	ation. If more than six (6,		ecent.) NKNOWN		5. UNKNOW	-	NOWN				
Fetus delivered alive Yes 1 Fetus viable? Yes 1	No	If yes, length of ti					Compli None Hemorrhag Infection	ge	Termination e Perforation al Laceration ed Products				
Pathological examin performed?		If yes, results:			☐ Other (Specify) Did this termination of pregnancy result in a maternal deal ☐ Yes ■ No								
			Туре	of Termination	on Procedur	es							
Procedure that Term Medical (Nonsu Medical (Nonsu Medical (Nonsu Medical (Surgic	nrgical) nrgical) nrgical)	Mifepristone Misoprostol Other (Specify)		Ad	Medical Medical Medical	(Nonsu (Nonsu (Nonsu	e that Terminated F rgical) Misepristor rgical) Misoprostor rgical) Other (Spe	ne ol cify)					
Medical (Surgion Medica	cal) Me	enstrual Aspiration	llowing question		Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable	_		age at least 20 weeks?		Was the fetu	_	e or have a post fer	rtilization age at least 2					
	_	s answered yes, comp	lete the following questio	ns. If	_		_	ves, complete the follo	wing questions.				
Was the fetus given Yes		est opportunity to surv	ive?	V		us giver Yes [n the best opportun No	ity to survive?					
			regnant woman had a con ious impairment to the pr	egnant t				that the pregnant wom eath or serious impairm					
Date last normal men	11	/07/2015		n estimate of	gestation (i 9	n weeks	Post f	ertilization age of the f	etus (in weeks)				
How were the gestat ULTRASOUND	ional a	ge and post fertilization	on age determined?										
	NGER n perfor		mber and street, city, stat 225	e, and zip cod	e)								
**Date Reported t	o DCS	S, if Patient under 1	4 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	City or t	town, of pregna BLOOM	ncy termination	1	County of pregnan	cy termination ONROE		
Dationt's age**		1	Date of man	nanay tarmir -	tion	Educat	tion					
Patient's age** 20	Mari	ried Yes No	Date of pregr	01/14/2016	u10N	Educat	uoli		ool Diploma or GEI)		
Race American Indian Native Hawaiian			Asian White	■ Black of	r Afric	an American	Unknown		y vanic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0				Number now		0			
Other Termination	s:	Number of spontaneou					Number of in	duced term				
Dates of termination	s (Do	not include this termind				ost recent.)						
Fetus delivered alive	 e?	If yes, length of tir	me fetus surviv			4	5		cation(s) of Pregnance	cy Termination		
☐ Yes ■ I		y ,						None	☐ Uteri	ne Perforation		
								Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:				Infection	☐ Retai	ned Products		
								Other (Spe				
Pathological examin	ation	If yes, results:						, 1				
performed?	No						Did th	is terminati	ion of pregnancy resu	alt in a maternal death?		
							☐ Y					
				Type of	Termin	nation Procedur						
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that Te	rminated P	regnancy			
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)					
		Other (Specify)					(Nonsurgical)					
Medical (Surgio		action Curettage Tenstrual Aspiration					(Surgical) Suc (Surgical) Mer					
Medical (Surgio							(Surgical) Oth					
For Medical (Surgical	al) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	dures, ansv	wer the following que	estion.		
Was the fetus viabl ☐ Yes [le or h ■ No	ave a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
		as answered yes, comple	ete the followi	ng questions.		_	_	answered v	ves, complete the follo	owing questions.		
		est opportunity to survi		ing questions.			us given the bes	•	-	owing questions		
	☐ No	11					Yes No	11				
		etermination that the prore to avert death or seri							that the pregnant wor			
woman?	- 2000	acadi or golf	- Inpairmer	and progr		woman?	procedure			Freducin		
						1		,				
Date last normal men		egan 1/09/2015		Physician e	estimate	e of gestation (i	n weeks)	Post fo	ertilization age of the 7	fetus (in weeks)		
_		age and post fertilization	n age determin	ned?		-		1	· ·			
ULTRASOUND	TRASOUND											
Full name of physici	an ner	forming termination										
DR. CAROL DELLI	NGEF	₹										
	-	rming termination (num		t, city, state, c	and zip	code)						
	,											
**Date Reported t	to DC	S, if Patient under 14										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 03/19/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** 35	Mar	ried No	Date of pregn	nancy termina 01/15/2016	ation	Educa	tion		l	Unknown			
Race American Indiana Native Hawaiian o	or Otl	ner Pacific Islander	Asian White	Black o	or Afric	an American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unkno	wn	
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Terminations:	:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 2			
Dates of terminations 1. UNKNOWN	(Do	not include this termina 2. UNKNOWN	tion. If more to	than six (6), ti	hose m	ost recent.)		5		6			
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	/ed:					Complic	ation(s) of Pregna	ncy Termination		
☐ Yes ■ N	lo							■ N	None	☐ Ute	rine Perforation		
Fetus viable?		If viable, medical r	assan fan tama	oin ation.		Hemorrhage Cervical Laceration							
Yes N	Ю	ii viable, medicai r	eason for term	imation:				☐ I	nfection	☐ Ret	nined Products		
								П	Other (Spec	rify)			
Pathological examination	tion	If yes, results:							· · · · · · · · · · · · · · · · · · ·	327			
performed?													
☐ Yes ■ N	NO							Did this		on of pregnancy re	sult in a maternal	death?	
				Type of	f Termin	nation Procedu	res						
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy			
☐ Medical (Nonsur									lifepristone				
	gical) Misoprostol				☐ Medical	(Nonsu	rgical) M	1isoprostol				
☐ Medical (Nonsur	gicai) Other (Specify)				Medical	(Nonsui	rgical) C	Other (Speci	ify)			
Medical (Surgica		uction Curettage Ienstrual Aspiration							on Curettag				
Medical (Surgica									r (Specify)	ation			
For Medical (Surgical	l) pro	cedures, answer the following	owing question	on.		For Medical	Surgica	l) proced	lures, answ	er the following qu	uestion.		
Was the fetus viable	e or h	ave a post fertilization a	ige at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■			<i>G</i>				Yes [
If the previous question	on wa	as answered yes, comple	ete the following	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the fo	lowing questions		
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us given Yes [opportunit	y to survive?			
What was the basis	for d	etermination that the pro	egnant woman	n had a condit	tion	What was the	ne basis	for deter	mination th	nat the pregnant w	oman had a condi	tion	
		re to avert death or serie								th or serious impa			
woman.						woman.							
Data last normal man	coc L	agan		Physician	actimat	of gostation (n wash-	.)	Doct f-	rtilization ass of 4	a fatus (inal-	, 1	
Date last normal mens		egan 1/17/2015		1 mysician 6	csumal	e of gestation (i	n weeks	,	rost ie	rtilization age of th 7		,	
=	onal a	age and post fertilization	n age determin	ned?					<u>.</u>				
ULTRASOUND	TRASOUND												
Full name of them:	n ==	forming tomic-ti										1	
Full name of physicia DR. CAROL DELLIN	_	-											
= -	_	orming termination (num		t, city, state, o	and zip	code)							
200 S. MERIDIAN S	Τ, IN	IDIANAPOLIS, IN 462	225										
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/17/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination County of pregnancy BLOOMINGTON MONE					ncy termination ONROE		
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	ntion				1		
Patient's age** 26	Maı	ried ☐ Yes ■ No		nancy termin 01/16/2016		Educa	iciOII		Some Co	ollege, No Degree			
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	per now d	leceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	ation. If more to	han six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ 1	No							• 1	None	☐ Uter	ine Perforation		
								 	Hemorrhag	e 🔲 Cerv	ical Laceration		
Fetus viable?	No.	If viable, medical	reason for term	nination:				_ ,	Infection	□ Pata	ined Products		
☐ Yes ■ 1							ined Products						
									Other (Spec	cify)			
Pathological examination performed?	ation	If yes, results:											
Yes •	No							Did thi	s terminatio	on of pregnancy res	ult in a maternal death?		
								☐ Ye		0			
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy			
		•											
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Medical (Surgic	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	ion Curetta	ge.			
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration			
☐ Medical (Surgio	cal) (Other (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	le or have	e a post fert	ilization age at leas	t 20 weeks?		
Yes [age at reast 20	Weeks.			Yes [u post rere	incurrent age at reas	20 11001131		
If the previous quest	ion w	as answered yes, compl	ete the following	ng question:	s.	If the previou	ıs quest	ion was a	nswered ye	es, complete the following	owing questions.		
Was the fetus giver	n tha	hest opportunity to surv	iva?			Was the fet	ne dive	n the best	opportunit	ty to survive?			
Was the fetus given ☐ Yes ☐		best opportunity to surv	140:				us givei Yes [_	opportuiilt	y to survive:			
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	rmination th	hat the pregnant wo	man had a condition		
that required the pr		are to avert death or ser				that require					rment to the pregnant		
woman?						woman?							
						1							
Date last normal mer		•		Physician	estimate	e of gestation (in week:	s)	Post fe	rtilization age of the	e fetus (in weeks)		
How were thet		JNKNOWN	n ago doto	l ad?		7				5			
ULTRASOUND	ionai	age and post fertilization	u age determin	ieu :									
Full name of physic:	an r-	rforming termination									1		
DR. CAROL DELLI	_	-											
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/17/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna	County of pregnancy termination MONROE					
20 Yes No	ancy termination 01/21/2016	Educa	tion		ool Diploma or GED			
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		anic or Latino Hispanic or Latino			
Live Births: Number now living				er now deceased	1			
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	nations 0			
Dates of terminations (Do not include this termination. If more to		nost recent.)		5	6			
Fetus delivered alive? If yes, length of time fetus surviv		4		Complic	cation(s) of Pregnancy Termination			
☐ Yes ■ No				None	Uterine Perforation			
Fetus viable? If viable, medical reason for term	ination:			☐ Hemorrhage	e Cervical Laceration			
☐ Yes ■ No				☐ Infection	☐ Retained Products			
				Other (Spec	cify)			
Pathological examination If yes, results: performed?								
Yes No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?			
	Type of Term	ination Procedu	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure	e that Terminated Pr	regnancy			
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	е			
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				rgical) Misoprostol rgical) Other (Spec				
Medical (Surgical) Suction Curettage		☐ Medical	(Surgic	al) Suction Curetta	ge			
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgic	al) Menstrual Aspir al) Other (Specify)	ration			
Treates (ougstan) entr (openly))			(Surgre	m) omer (speety))				
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable or have a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ■ No			Yes [
If the previous question was answered yes, complete the following	ng questions.	1	•	•	es, complete the following questions.			
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	y to survive?			
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen					hat the pregnant woman had a condition the or serious impairment to the pregnant			
woman?	n to the pregnant	woman?	d the pro	occurre to avert uea	un of serious impairment to the pregnant			
		1						
Date last normal menses began	Physician estima	•	in weeks	Post fe	rtilization age of the fetus (in weeks)			
11/05/2015 How were the gestational age and post fertilization age determin	ed?	11			9			
ULTRASOUND								
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (number and street	t, city, state, and zip	o code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225								
**Date Reported to DCS, if Patient under 14 (month, day,	year):							

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON					nancy termination		
	1					T							
Patient's age** 21	Marrie [ed Yes No	Date of pregr	01/21/2016		Educa	ation	ŀ		ool Diploma or G	ED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	an American	Unk	nown		y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	lumber now living	0				Numbe	r now d		0			
Other Termination	s: N	lumber of spontaneou		3									
Dates of termination			•			ost recent.)				0			
Fetus delivered alive		If yes, length of ti				1		5	Complic	cation(s) of Pregna	ancy Termination		
Yes I		if yes, length of th	ille fetus surviv	veu.				■ N	•	_	erine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_	rvical Laceration		
Yes •	No								nfection	☐ Re	tained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	termination	on of pregnancy re	esult in a maternal death?		
								☐ Yes	s I N	0			
				Type of	of Termin	nation Procedu	ires						
Procedure that Term	inated F	regnancy				Additional P	rocedure t	that Terr	minated Pr	regnancy			
Medical (Nonsu									lifepriston				
Medical (Nonsu Medical (Nonsu									lisoprostol ther (Spec				
									_				
Medical (Surgio	nal) Cua	tion Cumattage				☐ Madical	(Cumai a a l	1) Cuati	on Curetta				
Medical (Surgio	cal) Me	nstrual Aspiration				☐ Medical	(Surgical	l) Mens	trual Aspi				
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical	l (Surgical	l) Other	(Specify)				
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav ☐ No	ve a post fertilization	age at least 20	weeks?		_	tus viable Yes 🔲		a post fert	tilization age at le	ast 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previous	us questio	n was ai	nswered ye	es, complete the fe	ollowing questions.		
	n the be	st opportunity to surv	vive?					the best No	opportuni	ty to survive?			
		ermination that the p	reanant women	n had a condi	ition	_			mination t	hat the process :	voman had a condition		
that required the pr		to avert death or ser				that require					airment to the pregnant		
woman?						woman?							
Date last normal me	-	an /25/2015		Physician	estimate	of gestation (in weeks)		Post fe	_	the fetus (in weeks) 5		
How were the gestat			on age determin	ned?		'					<u> </u>		
ULTRASOUND													
Full name of physici DR. CAROL DELLI													
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
	,	,											
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,										

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Facility Name and Addr PLANNED PARENTHOOD (AVENUE, BLOOMINGTON,	(PPCSI) (MONROE CO.) - 421 SOUTH COL	_EGE City or	town, of pregna BLOOM	ncy termination	County of pregnancy termination MONROE					
38	Tarried Date of preg	nancy termination 01/21/2016	Educat		igh School Diploma or GED					
Race American Indiana or Native Hawaiian or	_	Black or Afric	can American	Unknown Number now de	Ethnicity Hispanic or Latino Not Hispanic or Latino Ceased Unknown					
Live Births:	Number of spontaneous terminations	<u> </u>		Number of indu	0 ced terminations					
Other Terminations: Dates of terminations (L	Oo not include this termination. If more		nost recent.)		0					
1		* **	· · · · · · · · · · · · · · · · · · ·	5	6					
Fetus delivered alive? Yes No	If yes, length of time fetus surviv	ved:			Complication(s) of Pregnancy Termination					
				■ N	one Uterine Perforation					
Fetus viable?	If viable, medical reason for terr	nination:		— П	emorrhage					
☐ Yes ■ No				☐ In	fection Retained Products					
				0	ther (Specify)					
Pathological examinatio performed?	on If yes, results:									
☐ Yes ■ No			Did this Yes	termination of pregnancy result in a maternal death						
				<u> </u>						
		Type of Termi	ination Procedur	res						
Procedure that Terminat	ted Pregnancy		Additional Pr	ocedure that Tern	ninated Pregnancy					
☐ Medical (Nonsurgio	cal) Mifepristone		☐ Medical	(Nonsurgical) M	ifepristone					
Medical (Nonsurgio	cal) Misoprostol			(Nonsurgical) M	isoprostol					
	(~F9)//		☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suction Curettage		☐ Medical	(Surgical) Suction	on Curettage					
	Menstrual Aspiration			(Surgical) Menst	rual Aspiration					
Wiedicai (Surgicai)	Outer (speetyy)		☐ Medical (Surgical) Other (Specify)							
EM-4:1 (C:1)	procedures, answer the following questi		For Medical (Surgical) procedures, answer the following question.							
	·				• •					
Was the fetus viable of Yes ■ 1	r have a post fertilization age at least 20 No	weeks?		is viable of have a	a post fertilization age at least 20 weeks?					
If the previous question	was answered yes, complete the follow	ing questions.	If the previou	s question was an	swered yes, complete the following questions.					
Was the fetus given the	e best opportunity to survive?		Was the fetus given the best opportunity to survive?							
	r determination that the pregnant woman	had a condition	Yes No What was the basis for determination that the pregnant woman had a condition							
that required the proce	dure to avert death or serious impairme		that required		avert death or serious impairment to the pregnant					
woman?			woman?							
Date last normal menses	s hegan	Physician estimat	te of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)					
	11/18/2015		11		9					
How were the gestational ULTASOUND	al age and post fertilization age determine	ned?								
22.7.000112										
Full name of physician p										
DR. CAROL DELLING Address of physician pe	ER rforming termination (number and stree	et, city, state, and zir	code)							
1 1 1	INDIANAPOLIS, IN 46225		,							
**Date Reported to D	DCS, if Patient under 14 (month, day,	year):								

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	.EGE	City or town, of pregnancy termination County of pregnancy BLOOMINGTON MON					cy termination DNROE						
Patient's age**		. ,	Date of pregn	ancy tormi	nation	Educa	tion						
29	Maı	ried ☐ Yes ■ No		01/21/2016		Educa	tion	ı	High Scho	ol Diploma or GEI			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	NO							• 1	None	☐ Uterii	ne Perforation		
								□ I	Hemorrhag	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	Vo	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products		
	10									_	ned Froducts		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No									on of pregnancy resu	lt in a maternal death?		
								☐ Ye	s 🔳 No	0			
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional Pr	ocedure	e that Ter	minated Pr	egnancv			
										•			
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Madical (Surgic	vo1) S	uction Curettage				Madical	(Suraio	al) Suati	on Curetta	ga			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration			
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
							_	_					
	e or i	have a post fertilization	age at least 20	weeks?			us viabi Yes [a post tert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	lete the followi	na auestions	c	If the previou	is anesti	on was a	newered ve	es, complete the follo	owing questions		
				ng questions	s.	_	_		-	_	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?			
					.,.	_	_			L (d)			
		etermination that the properties of the properti								hat the pregnant wor th or serious impair	man had a condition ment to the pregnant		
woman?			1	1		woman?				•	1 0		
Date last normal men	nsec l	eoan		Physician	estimate	e of gestation (in wook	5)	Post for	rtilization age of the	fetus (in wooks)		
Dute hast normal iller		1/25/2015		1 mysiciali	comman	12	ii weeks	•/	1 031 16	10 10 Tunization age of the	ious (in weeks)		
How were the gestat	ional	age and post fertilization	n age determin	ned?					_1				
ULTRASOUND								_					
						_	_						
Full name of physici	an pe	rforming termination											
DR. CAROL DELLI			, .			* `							
	-	orming termination (num		t, city, state,	and zip	code)							
200 G. WILKIDIAN C	۱۱ , ۱۱	TEINIAI OLIO, IN 40											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

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The state of the s	1		D. C			1							
Patient's age** 24	Mari	ried Yes I No	Date of pregn	nancy termin 01/21/2016		Educ	ation			elor's Degree			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		an American	□U	Jnknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living						nber now d		0	_		
Other Termination	ıs:	Number of spontaneou											
Dates of termination		not include this termin	0 ation. If more t	than six (6),	those me	ost recent.)	1			1			
1. 09/2015		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					Complic	cation(s) of Pregnand	cy Termination		
	110							• N	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				☐ F	Hemorrhage	e	cal Laceration		
☐ Yes ■	No							□ I	nfection	☐ Retai	ned Products		
									Other (Spec	rify)			
Pathological examin	ation	If yes, results:											
performed?	No							Didthi	torminatio	on of prognancy rou	alt in a maternal death?		
	110							Yes			iit iii a maternai deam?		
				Type o	of Termi	nation Proced	ıres						
Procedure that Term	inated	Pregnancy				Additional I	rocedu	re that Ter	minated Pr	regnancy			
Medical (Nonsu Medical (Nonsu	urgical) Misoprostol					l (Nons	surgical) M	Iifepriston Iisoprostol				
Medical (Nonsu	urgical	Other (Specify)				☐ Medica	l (Nons	surgical) C	Other (Speci	ify)			
		iction Curettage							on Curettag				
Medical (Surgion Medica		lenstrual Aspiration ther (Specify)						ical) Mensical) Other	strual Aspir r (<i>Specif</i> y)	ration			
							, ,		. 1				
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic			For Medical (Surgical) procedures, answer the following question.							
		ave a post fertilization					_	_		ilization age at least			
	No		age at least 20	weeks?				□ No	a post tert	mzation age at least	20 weeks:		
If the previous quest	tion wa	as answered yes, comp	lete the followi	ng question	ıs.	If the previo	us ques	stion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus give ☐ Yes [est opportunity to surv	rive?					en the best	opportunit	y to survive?			
		etermination that the pr	regnant woman	n had a cond	lition	_	,	_	mination th	hat the pregnant wo	nan had a condition		
		re to avert death or ser									ment to the pregnant		
woman:						woman?							
Date last normal me		egan 2/01/2015		Physician	n estimat	e of gestation 8	in weel	ks)	Post fer	rtilization age of the	fetus (in weeks)		
How were the gestat		age and post fertilization	n age determin	ned?		<u> </u>				0			
ULTRASOUND													
Full name of physici DR. CAROL DELLI	INGEF	₹ -											
	-	rming termination (nuIDIANAPOLIS, IN 46		t, city, state	, and zip	code)							
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_			

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28 Yes No	ancy termination 01/21/2016	Educa	tion	<u>~</u>	ool Diploma or GED
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Uni		nnic or Latino Hispanic or Latino
Live Births: Number now living 3			Numb	er now deceased	0
Other Terminations: Number of spontaneous terminations 0			Numb	er of induced termin	
Dates of terminations (<i>Do not include this termination. If more t</i> 1. 02/27/2015 2. 3.	han six (6), those m	ost recent.)		5	6
Fetus delivered alive? If yes, length of time fetus surviv	red:			Complic	cation(s) of Pregnancy Termination
☐ Yes ■ No				None	☐ Uterine Perforation
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	e Cervical Laceration
☐ Yes ■ No				☐ Infection	☐ Retained Products
				Other (Spec	eify)
Pathological examination performed? If yes, results:					
☐ Yes ■ No				Did this termination Yes No	on of pregnancy result in a maternal death?
	Type of Term	ination Procedur	res		
Procedure that Terminated Pregnancy		Additional Pr	rocedure	that Terminated Pr	regnancy
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol		☐ Medical ☐ Medical	(Nonsui	rgical) Mifepristono rgical) Misoprostol	e
Medical (Nonsurgical) Other (Specify)				rgical) Other (Special	
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgica	al) Suction Curettag al) Menstrual Aspir	ge ration
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical	al) Other (Specify)	
For Medical (Surgical) procedures, answer the following question		For Medical (Surgica	1) procedures answ	er the following question.
Was the fetus viable or have a post fertilization age at least 20				•	illization age at least 20 weeks?
Yes ■ No	weeks:		Yes [inization age at least 20 weeks:
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	ty to survive?
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmer					hat the pregnant woman had a condition th or serious impairment to the pregnant
woman?	n to the program	woman?	a the pro	secure to avert dea	an or serious impunition to the pregnant
Data last namual re	Dly:-:	to of '	· · · · · ·	٠. ها ١	utilization and -f-st f-v (*
Date last normal menses began 11/05/2015	Physician estimat	te of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 11
How were the gestational age and post fertilization age determin ULTRASOUND	ed?				
OLIM GOOD					
Full name of physician performing termination DR. CAROL DELLINGER					
Address of physician performing termination (number and stree	t, city, state, and zip	code)			
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225					
**Date Reported to DCS, if Patient under 14 (month, day,	year):				-

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON Cou					ancy termination MONROE		
	Ī					T							
Patient's age**	Marrie [ed Yes • No	Date of pregr	01/21/2016		Educa	ntion	F		ool Diploma or G	ED		
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	n American	Unkı	nown		/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	0	_			Number	nber now deceased 0					
Other Termination	s: N	umber of spontaneou		,			Number	r of indu	iced termi				
Dates of termination			•			est recent.)				0			
Fetus delivered alive		If yes, length of ti			4	l		_ 5	Complic	cation(s) of Pregna	ncy Termination		
Yes I		ii yes, ieligili oi ti	ille fetus surviv	veu.				■ N	•	_	erine Perforation		
										_			
Fetus viable?		If viable, medical	reason for term	nination:					Iemorrhag		rvical Laceration		
Yes •	No							☐ Iı	nfection	Ret	rained Products		
					Other (Spec	cify)							
Pathological examin performed?	ation	If yes, results:											
Yes •	No								termination	on of pregnancy re	esult in a maternal death?		
								☐ Yes	■ N	0			
				Type of	f Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy				Additional P	rocedure t	hat Teri	minated Pr	regnancy			
Medical (Nonsu									Iifepriston				
Medical (Nonsu Medical (Nonsu									lisoprostol ther (Spec				
Medical (Surgional Control Contro	nol) Suo	tion Curattaga				☐ Medical	(Surgical	Cuatio	on Curetta				
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical) Mens	trual Aspi				
Medical (Surgio	cal) Oth	er (Specify)					(Surgical) Other	(Specify)				
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav	e a post fertilization	age at least 20	weeks?			tus viable Yes		a post fert	tilization age at lea	ast 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	8.	If the previous	us question	n was aı	nswered ye	es, complete the fo	ollowing questions.		
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	ermination that the p	regnant women	n had a condi	tion	_	_		mination f	hat the pregnant w	roman had a condition		
that required the pr		to avert death or ser				that require					irment to the pregnant		
woman?						woman?							
				1	1				1				
Date last normal me	_	an 26/2015		Physician	estimate	of gestation (in weeks)		Post fe	_	he fetus (in weeks) 0		
How were the gestat			on age determin	ned?							-		
ULTRASOUND													
Full name of physici DR. CAROL DELLI													
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
	,	,											
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/17/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 421	SOUTH COLL	.EGE Ci	City or town, of pregnancy termination BLOOMINGTON					County of pregnancy termination MONROE		
Patient's age**		., 11	Date of proce	nancy terminati	ion	Educat	tion					
21	Mai	ried ☐ Yes ■ No		01/21/2016	IOII	Educal		S	ome Col	llege, No Degre	e	
Race American Indian Native Hawaiian		_	Asian White	☐ Black or	Afric	an American	Unknow	[nic or Latino ispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Number nov			0		
Other Termination	ıs:	Number of spontaneous	terminations 0				Number of i	induce	ed termin	ations 0		
Dates of termination	is (Do	not include this terminat		than six (6), the	ose me	ost recent.)						
1		2				4	5	i	Complian	ation(s) of Pregnat	nay Tarmination	
Fetus delivered alive		If yes, length of time	e fetus surviv	ved:					•	_	•	
								No		_	rine Perforation	
Fetus viable?		If viable, medical re	ason for term	nination:				Hei	morrhage	∐ Cer	vical Laceration	
Yes •	No							Infe	ection	Reta	ained Products	
								Oth	ner (<i>Speci</i>	fy)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										sult in a maternal death?	
							L	Yes	■ No			
				TP 6.7	г							
D 1 1 =				Type of T	ı ermii	nation Procedur						
Procedure that Term	inated	l Pregnancy				Additional Pr	ocedure that 7	Гегті	nated Pre	egnancy		
Medical (NonsuMedical (Nonsu							(Nonsurgical) (Nonsurgical)					
		Other (Specify)					(Nonsurgical)			fy)		
		uction Curettage					(Surgical) Su					
Medical (Surgion Medica		fenstrual Aspiration other (Specify)					(Surgical) M (Surgical) Ot			ation		
For Medical (Surgic	al) pro	ocedures, answer the follo	wing question	n .		For Medical (Surgical) pro	cedur	es answe	er the following qu		
	, 1		0 1									
was the fetus viab.		ave a post fertilization ag	ge at least 20	weeks?			is viable of hate les les les les les les les les les le	ave a	post tertil	lization age at lea	st 20 weeks?	
If the previous quest	ion w	as answered yes, complet	e the followi	ng questions.		If the previou	s question wa	s ans	wered yes	s, complete the fo	llowing questions.	
Was the fetus give	n the	pest opportunity to surviv	e?			Was the fetu	as given the b	est or	portunity	to survive?		
	☐ No						Yes □ No					
		etermination that the pregare to avert death or serio										
woman?	locedi	ire to avert deam of serior	us impairmei	it to the pregna	anı	woman?	i tile procedu	16 10 2	avert deat	ii or serious iiipa.	irment to the pregnant	
Date last normal me	nses b	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fert	tilization age of th	ne fetus (in weeks)	
How were the		1/24/2015	nga data'	pad?		7				5	<u> </u>	
How were the gestat	ional	age and post fertilization	age determin	icu :								
Full name of physici												
DR. CAROL DELLI Address of physician		R orming termination (number 1)	ber and stree	t, citv. state a	nd zin	code)						
	_	NDIANAPOLIS, IN 4622		.,, siene, ar	p							
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON					cy termination DNROE		
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation						
Patient's age** 23	Mar	ried ☐ Yes ■ No		nancy termin 01/21/2016		Educ	atiOII		Bach	nelor's Degree			
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numl	per of ind	uced termin				
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those mo	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	ry Termination		
☐ Yes ■ 1	No							• 1	None	☐ Uteri	ne Perforation		
								 	Hemorrhag	e 🗌 Cervi	cal Laceration		
Fetus viable?	N _O	If viable, medical	reason for term	nination:					nfection	— □ Potoi	ned Products		
☐ Yes ■ 1	NO							_			ned Products		
									Other (Spec	cify)			
Pathological examination performed?	ation	If yes, results:											
Yes •	No							Did this	s termination	on of pregnancy resu	Ilt in a maternal death?		
								☐ Yes		0			
				Туре	of Termin	nation Procedu	ires						
Procedure that Term	inated	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Medical (Surgice)	al) S	uction Curettage				☐ Medica	(Suroic	eal) Sucti	on Curetta	σe			
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspin	ration			
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medica	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl	e or l	have a post fertilization	age at least 20	weeks?		Was the fe	nıs viahl	le or have	a post fert	ilization age at least	20 weeks?		
	■ No		uge at least 20	weeks:			Yes [a post tert	inzation age at least	20 WCCKS:		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.		
							_		-	-			
was the letus given ☐ Yes ☐		best opportunity to surv	ive?			_	Yes [_	opportunit	ty to survive?			
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was	he basis	s for deter	mination t	hat the pregnant wor	nan had a condition		
that required the pr		ire to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
						<u> </u>							
Date last normal mer	ises b	egan		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)		
		0/31/2015				8				6			
How were the gestat: ULTRASOUND	ional	age and post fertilization	n age determin	ned?									
OLINASOUND													
- P.H. C.										,			
Full name of physici DR. CAROL DELLI	_	-											
		orming termination (num	mber and stree	t, city, state.	, and zip	code)							
	-	NDIANAPOLIS, IN 46				· 							
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/17/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy term MONROE					•						
Dationt's**		<u> </u>	Doto of -	noncrit	notic-	10.1	tion						
Patient's age**	Mar	ried Yes No	Date of pregn	01/21/2016		Educa	uon	I		ol Diploma or GED)		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	ation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No								None	☐ Uterir	ne Perforation		
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				Пі	nfection	☐ Retair	ned Products		
	.10									_	ica i foducts		
									Other (Spec	ify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									on of pregnancy resu	lt in a maternal death?		
								☐ Yes	s 🔳 No)			
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	egnancy			
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsii	rgical) N	//////////////////////////////////////	a.			
☐ Medical (Nonsu	ırgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	Iisoprostol				
Medical (Nonsu	ırgıca) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	fy)			
Medical (Surgional Control Contro						☐ Medical	(Surgic	al) Sucti	on Curettag	ge			
Medical (Surgion Medica		Ienstrual Aspiration							strual Aspir r (Specify)	ration			
Wiedlear (Surgie	ui) C	and (specify)				Micaicai	(Burgie	ur) Gure	Соресцуу				
											_		
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
	le or l	ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post ferti	ilization age at least	20 weeks?		
	_	as answered yes, compl	ete the followi	ng questions	s	_		_	nswered ve	es, complete the follo	owing questions		
				ng question		_	_			-	owing questions.		
Was the fetus given		pest opportunity to surv	ive?				us giver Yes	_	opportunit	y to survive?			
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he basis	for deter	mination th	nat the pregnant won	nan had a condition		
that required the procession woman?	ocedi	ire to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impairs	ment to the pregnant		
woman:						woman:							
Date last normal men		egan 0/28/2015		Physician	estimate	e of gestation (a	in weeks	i)	Post fer	rtilization age of the	fetus (in weeks)		
How were the gestat		age and post fertilization	n age determin	l ned?		11				9			
ULTRASOUND		C r Stumbatio											
<u> </u>													
Full name of physici	-												
		orming termination (num	mber and street	t, city, state.	and zip	code)							
	-	IDIANAPOLIS, IN 46		. ,,	2.1	,							
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/21/2016

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Facility Name and Ad- PLANNED PARENTHOOD AVENUE, BLOOMINGTO	O (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or t	own, of pregna	cy termination DNROE						
Patient's age** 23	Marı	ried Yes No	Date of pregn	nancy termina 01/21/2016		Educa	tion		Bach	elor's Degree			
Race American Indiana Native Hawaiian o	r Otl	ner Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations:		Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0			
Dates of terminations	(Do	not include this termina	•	than six (6), t	hose mo	ost recent.)							
l		2		1		4		5	Complic	ation(s) of Pregnanc	ev Termination		
Fetus delivered alive? ☐ Yes ■ No		If yes, length of tin	ne tetus surviv	ed:					•	_			
									None	_	ne Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				∐ I	Hemorrhage	e ∐ Cervi	cal Laceration		
☐ Yes ■ No	0							☐ I	nfection	Retai	ned Products		
									Other (Spec	ify)			
Pathological examinat performed?	ion	If yes, results:											
Yes N	o							Did this	s terminatio	on of pregnancy resu	alt in a maternal death?		
								☐ Yes					
				Type of	f Termii	nation Procedur	res						
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy			
☐ Medical (Nonsurg	gical) Mifepristone				☐ Medical	(Nonsu	rgical) M	lifepristone)			
☐ Medical (Nonsurg									lisoprostol Other (Speci	fv)			
	5.00.	, cener (speegy)					(1101154	igreur)	tilei (Spee)	137			
Medical (SurgicalMedical (Surgical		action Curettage Senstrual Aspiration							on Curettag strual Aspir				
Medical (Surgical	í) O	ther (Specify)				Medical	(Surgical	al) Other	r (Specify)				
For Medical (Surgical)) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable	or h	ave a post fertilization a	age at least 20	weeks?		Was the fet	us viable	e or have	a post ferti	lization age at least	20 weeks?		
☐ Yes ■							Yes [
If the previous question	n wa	as answered yes, comple	ete the following	ng questions		If the previou	s questi	on was a	nswered ye	s, complete the follo	owing questions.		
		est opportunity to survi	ve?						opportunit	y to survive?			
☐ Yes ☐	No					_ `	Yes [No					
		etermination that the pro-									nan had a condition ment to the pregnant		
woman?	ccau	ie to avert death of seri	ous impairmer	it to the preg	nant	woman?	a the pro	occurre t	o avert dea	ur or serious impair	ment to the pregnant		
Date last normal mens	ses b	egan		Physician	estimate	e of gestation (i	n weeks	·)	Post fer	tilization age of the	fetus (in weeks)		
		2/11/2015				6				4			
How were the gestatio ULTRASOUND	nal a	age and post fertilization	n age determin	ned?									
22.13.000110													
Full name of physician	n per	forming termination									1		
DR. CAROL DELLIN	GEF	₹											
Address of physician p		rming termination (num		t, city, state,	and zip	code)							
200 S. IVIERIDIAN S	ı , IIV	IDIANAPOLIS, IN 462											
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):									

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna	ancy term			, , ,	nancy termination MONROE		
	1					T							
Patient's age** 20	Marrie [ed Yes • No	Date of pregr	01/21/2016		Educa	ation	ŀ		ool Diploma or G	ED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unk	nown		y anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber now living	0				Numbe	r now d		0			
Other Termination	s: N	umber of spontaneou		ļ			Numbe	r of indu	uced termi				
Dates of termination			•			st recent.)							
Fetus delivered alive		If yes, length of ti			4	·		5	Complic	cation(s) of Pregna	ancy Termination		
Yes •		if yes, length of th	me retus surviv	rcu.				■ N	•	_	erine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	<u> </u>	rvical Laceration		
Yes • 1	No							∐ Iı	nfection	∐ Re	tained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No										esult in a maternal death		
								☐ Yes	s I N	0			
				Tr.	er ·	-4:- P -							
_	ı 1ermin	ation Procedu											
Procedure that Term		Additional P	rocedure t	that Ten	minated Pr	regnancy							
	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								lifepriston lisoprostol				
Medical (Nonsu									ther (Spec				
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgical	l) Sucti	on Curetta	ge			
	cal) Me	nstrual Aspiration			 ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) 								
Wiedicai (Surgio	car) Ou	ci (specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	edures answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	_							•			•		
	e or hav	e a post fertilization	age at least 20	weeks?			Yes		a post fert	tilization age at le	ast 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	8.	If the previous	us questio	n was a	nswered ye	es, complete the fe	ollowing questions.		
	n the be	st opportunity to surv	vive?					the best No	opportuni	ty to survive?			
	_	ermination that the p	regnant woman	n had a condit	tion	_	_		mination f	hat the pregnant v	voman had a condition		
		to avert death or ser									airment to the pregnant		
woman:						woman:							
Data last name -1	nege L -	an		Dhyo: o:	actim-t	of contation	in west-		Doot f	utilization acC	the fatus (ina.l)		
Date last normal me	-	an (06/2015		rnysician	esumate	of gestation (ın weeks)		rost te	_	the fetus (in weeks) 8		
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					ı				
ULTRASOUND													
Full name of al'	Full name of physician performing termination												
DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip o	code)							
**Date Reported t	to DCS	, if Patient under 1						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP		21 SOUTH COLL	.EGE	City or t	town, of pregn	ancy ter			County of pregnar	ocy termination					
Datient's aga**			anov to-	nation	Tr.A	ation										
Patient's age** 27	Marri	ied □ Yes ■ No	Date of pregn	nancy termin 01/21/2016		Educ	ашОП		Bach	elor's Degree						
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown					
Live Births:	1	Number now living	0				Numb	er now d	eceased	0						
Other Termination	ıs:	Number of spontaneou	is terminations				Numb	per of ind	uced termir	nations						
Dates of termination 1. 06/20/2012	is (Do n	not include this termin	ation. If more t	than six (6),	those me	ost recent.)		5		6						
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	ration(s) of Pregnand	cy Termination					
Yes I	No							■ N	None	☐ Uteri	ne Perforation					
								П	Hemorrhage	e \square Cerv	cal Laceration					
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				— □ 1	nfection	— □ Retai	ned Products					
l les 🗀 .	INO										lied Floducts					
									Other (Spec	rify)						
Pathological examin performed?	ation	If yes, results:														
Yes •	No										alt in a maternal death?					
								☐ Yes	s 🔳 No)						
	Type of															
	of Termin	Termination Procedures														
Procedure that Term	inated	Pregnancy				Additional F	rocedur	e that Ter	minated Pr	egnancy						
Medical (Nonsu	ırgical)	Mifepristone				☐ Medica	l (Nonsu	rgical) M	lifepristone	e						
Medical (Nonsu	ırgical)					☐ Medica	l (Nonsu	rgical) M	Tisoprostol Other (Speci							
iviedicai (Nolist	iigicai)	Other (specify)				iviedica	i (INOIISU	ilgical) C	ottlei (Speci	gy)						
Medical (Surgio																
Medical (Surgio		enstrual Aspiration her (Specify)			Medical (Surgical) Metistual Aspiration Medical (Surgical) Other (Specify)											
For Medical (Surgic	al) proc	cedures, answer the fo	llowing questic	on		For Medical	(Surgic:	al) proced	lures answ	er the following que	estion					
							_	_								
was the fetus viab	_	ve a post fertilization	age at least 20	weeks?			Yes [a post terti	ilization age at least	20 weeks?					
If the previous quest	ion wa	s answered yes, comp	lete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the foll	owing questions.					
Was the fetus give	n the be	est opportunity to surv	vive?			Was the fe	tus givei	n the best	opportunit	y to survive?						
Yes [Tr					Yes [rr same	, 						
		termination that the pr									nan had a condition					
that required the property woman?	rocedur	e to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant					
Dili				DI · ·		c	,.	,	D : 0							
Date last normal me		gan 1/25/2015		Physician	estimate	e of gestation (ın week.	5)	Post fer	rtilization age of the	tetus (in weeks)					
How were the gestat		ge and post fertilization	on age determin	ned?					I	<u>-</u>						
ULTRASOUND																
Full name of physici	_	-														
DR. CAROL DELLI		rming termination (nu	mher and street	t city state	and zin	code)										
	-	DIANAPOLIS, IN 46		., спу, мие,	, ини цр	coue)										
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/17/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONRO County of pregnancy termination Education					*					
Patient's age**	3.5	. ,	Date of prece	nancy termin	nation	Educe	tion				1		
36	Maı	ried ☐ Yes ■ No		nancy termin 01/22/2016		Educa	iliOII		Some Co	ollege, No Degree			
Race American Indiana Native Hawaiian			Asian White	■ Black □ Other	or Africa	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	0 ation. If more to	than six (6),	those mo	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	y Termination		
☐ Yes ■ 1	No							• 1	None	☐ Uteri	ne Perforation		
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes 1	No.	If viable, medical	reason for term	nination:				_ I	infection	— □ Patai	ned Products		
res = 1	NO										ned Products		
									Other (Spec	rify)			
Pathological examination performed?	ation	If yes, results:											
Yes •	No							Did this	s terminatio	on of pregnancy resu	lt in a maternal death?		
								☐ Yes)			
	of Termii	nation Procedu	res										
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancv			
						•							
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
Medical (Surgice)	al) S	uction Curettage				— Medical	(Surgic	al) Sucti	on Curettag	ge			
☐ Medical (Surgic	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
Was the fetus viabl	le or l	have a post fertilization	age at least 20	weeks?		Was the fet	us viahl	e or have	a nost fert	ilization age at least	20 weeks?		
	■ No		uge ut least 20	weeks:		_	Yes [_	a post tert	mzation age at least	20 WCCR3:		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
						_	_		-	_			
was the letus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
What was the basis	s for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition		
that required the pr		ire to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
Date last normal mer		-		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)		
TT -1		1/01/2015	• • •	10		13				11			
How were the gestate ULTRASOUND													
CLINAGOUND													
Fall and Colored													
Full name of physici DR. CAROL DELLI	-	rforming termination											
		orming termination (num	mber and street	t, city, state,	and zip	code)							
	-	NDIANAPOLIS, IN 46											
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PPC		1 SOUTH COLL	_EGE C	ity or t	own, of pregna BLOOM	ncy terminati	ion		County of pregr	ancy t		
Patient's age**	. ·		Date of pregr	nancy terminat	tion	Educat	tion						
22	Marri	ed □ Yes ■ No		01/28/2016	uon	Educal			9th-12	th, No Diploma			
Race American Indiana Native Hawaiian o		-	Asian White	☐ Black or	r Afric	an American	Unknow	'n		y anic or Latino Hispanic or Latino	1	Unknown	
Live Births:	ı	Number now living	0				Number no	w de	ceased	0			
Other Terminations:	: 1	Number of spontaneous	s terminations 0				Number of	indu	ced termi	nations 0			
Dates of terminations	(Do n	ot include this termina		than six (6), th	iose m	ost recent.)							
1		ı				4		5	Compli	cation(s) of Pregna	ancy T	ermination	
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	/ed:] N	•	_	•	erforation	
								_					
Fetus viable?		If viable, medical r	eason for term	nination:					emorrhag	<u> </u>		Laceration	
☐ Yes ■ N	О] In	fection	∐ Re	tained	Products	
] O	ther (Spec	cify)			
Pathological examinat performed?	tion	If yes, results:											
Yes I N	lo										esult ir	a maternal death?	
		1						Yes	■ N	O			
				Та	nation Dec 1	200							
D		D.		1 ype of	ı ermii	nation Procedur		т.					
Procedure that Termir	nated l	Pregnancy				Additional Pr	ocedure that	Tern	ninated Pr	regnancy			
Medical (NonsurMedical (Nonsur							(Nonsurgical (Nonsurgical						
Medical (Nonsur							(Nonsurgical						
Medical (Surgica						Medical (Surgical) Suction Curettage							
☐ Medical (Surgica		enstrual Aspiration her (Specify)					(Surgical) M (Surgical) O			ration			
For Medical (Surgical	l) proc	edures, answer the following	lowing question			For Medical (Surgical) pro	ocedu	ires, answ	ver the following o		n	
		ve a post fertilization a	0 1								_		
Yes T		ve a post fertilization a	ige at least 20	weeks?			res		i post ter	tilization age at le	ast 20	weeks?	
If the previous question	on was	s answered yes, comple	ete the followi	ng questions.		If the previou	s question wa	as an	swered y	es, complete the fe	ollowii	ng questions.	
Was the fetus given	the be	est opportunity to survi	ve?			Was the fetu	as given the b	est o	pportuni	ty to survive?			
] No	•					es □ No						
		termination that the pro								hat the pregnant vath or serious imp			
woman?	Journ	c to a voit deadl of selle	ous impuirmer	to the pregn	·····	woman?	. are procedu	10	a , or t dec	or serious imp	111011	o the pregnant	
Date last normal mens		_		Physician e	stimate	e of gestation (i	n weeks)		Post fe	ertilization age of		ıs (in weeks)	
How were the gestation		/25/2015 ge and post fertilization	age determin	ned?		7					5		
ULTRASOUND													
<u> </u>													
Full name of physicia													
DR. CAROL DELLIN Address of physician		ming termination (nun	nber and stree	t, city, state. a	ınd zip	code)							
200 S. MERIDIAN S	-	-											
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	ancy term			County of pregnand	cy termination					
.																
	Marı			nancy termin 01/28/2016		Educa	ation	С		Professional Degre	e					
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown					
Live Births:		Number now living	3					er now d		0	_					
Other Termination	ıs.	Number of spontaneou					Numb	er of ind	uced termin	nations						
		not include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				0						
1		2	3			4		5		6						
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination					
☐ Yes ■	No								None	☐ Uterir	ne Perforation					
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration					
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Пі	nfection	□ Retair	ned Products					
	110										ica i rodacis					
B.1.1.1.1.	.•	76 1.							Other (Spec	cify)						
Pathological examin performed?	ation	If yes, results:														
☐ Yes ■	No										It in a maternal death?					
								☐ Ye	s 🔳 No)						
	Туре о															
	of Termi	nation Procedu	ires													
Procedure that Term	Additional Procedure that Terminated Pregnancy															
Medical (Nonsi		☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e										
Medical (Nonst	urgical					☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Speci							
Medical (Nonsi	urgicai	Other (Specify)				Medical	(Nonsui	rgicai) C	tner (<i>Speci</i>	iJy)						
		iction Curettage							on Curettag							
☐ Medical (Surgion Med		enstrual Aspiration ther (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)										
	ŕ					Medical (Surgical) Office (Specify)										
											_					
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	d) proced	lures, answ	er the following que	stion.					
Was the fetus viab ☐ Yes [_	ave a post fertilization	age at least 20	weeks?			tus viable Yes 🗀		a post ferti	ilization age at least	20 weeks?					
If the previous quest	tion wa	is answered yes, comp	lete the followi	ng question	ıs.	If the previou	us questi	on was a	nswered ye	es, complete the follo	owing questions.					
		est opportunity to surv		5 1			_		-	_						
was the fetus give		est opportunity to surv	146 :				us given Yes		opportunit	y to survive?						
What was the basis	s for de	etermination that the pr	regnant woman	had a cond	lition	What was t	he basis	for deter	mination th	hat the pregnant won	nan had a condition					
that required the property woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	ed the pro	ocedure t	o avert dea	th or serious impairr	ment to the pregnant					
woman:						woman:										
Date last normal me		-		Physician	estimate	e of gestation (in weeks		Post fer	rtilization age of the	fetus (in weeks)					
How were the gestat		2/12/2015 Ige and post fertilization	on age determin	l ned?		8				6						
ULTRASOUND	How were the gestational age and post fertilization age determined? ULTRASOUND															
Full name of physic	ian per	forming termination														
DR. CAROL DELLI	INGEF	₹														
	-	rming termination (null DIANAPOLIS, IN 46		t, city, state,	, and zip	code)	_	_								
200 S. WERIDIAN	οι, IIV															
dular		G : CD	1													
**Date Reported	to DC	S, if Patient under 1-	4 (month, day,	year):						_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP		21 SOUTH COLL	.EGE	City or t	own, of pregna BLOOM	ancy termi			County of pregnar	ncy termination ONROE					
Dation() ++	I _			. oti	F-1	tion.										
Patient's age** 37	Marri	ed ☐ Yes ■ No	Date of pregn	nancy termin 01/28/2016		Educa	แบบป		Asso	ciate Degree						
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Africa	an American	Unkı	nown		nic or Latino Hispanic or Latino	☐ Unknown					
Live Births:	1	Number now living	1				Number	r now d	eceased	0						
Other Termination	ıs:	Number of spontaneou	is terminations				Number	r of ind	uced termin	nations 2						
Dates of termination 1. 01/2009	ns (Do n	ot include this termin 2. UNKNOWN	ation. If more t		those mo	ost recent.)		_ 5		6						
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	ved:					Complic	ation(s) of Pregnand	cy Termination					
☐ Yes ■	No							■ N	None	☐ Uteri	ne Perforation					
								□ F	Hemorrhage	e 🔲 Cervi	ical Laceration					
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				— □ 1:	nfection		ned Products					
l les 🗀 .	NO									_	ned Floducts					
									Other (Spec	ify)						
Pathological examin performed?	ation	If yes, results:														
Yes •	No										alt in a maternal death?					
								☐ Yes	s 🔳 No)						
	Type of															
	of Termin	f Termination Procedures														
Procedure that Term	inated	Pregnancy			Additional Procedure that Terminated Pregnancy											
Medical (Nonsu	urgical)	Mifepristone				☐ Medical	(Nonsurg	gical) M	lifepristone	e						
Medical (Nonsu	urgical)	Misoprostol				☐ Medical	(Nonsurg	gical) M	Iisoprostol							
Medical (Nonsu	ırgıcal)	Other (Specify)				☐ Medical	(Nonsurg	gical) C	ther (Speci	fy)						
Medical (Surgio									on Curettag							
Medical (Surgion Medica		enstrual Aspiration							trual Aspir	ration						
ivicultur (Burgh	cui) Gi	nor (speedy)				Medical (Surgical) Other (Specify)										
						For Medical (Surgical) procedures, answer the following question.										
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgical)) proced	ures, answ	er the following que	estion.					
Was the fetus viab ☐ Yes [_	ve a post fertilization	age at least 20	weeks?			tus viable Yes		a post ferti	ilization age at least	20 weeks?					
If the previous quest	tion wa	s answered yes, comp	lete the following	ng questions	s.	If the previou	us question	n was a	nswered ye	es, complete the foll	owing questions.					
Was the fetus give ☐ Yes [est opportunity to surv	rive?				tus given t Yes 🏻		opportunit	y to survive?						
		termination that the pr	regnant women	had a condi	ition	_	_		mination #	at the pregnant was	nan had a condition					
that required the pr		e to avert death or ser				that require					ment to the pregnant					
woman?						woman?										
Date last normal me	nses be	gan		Physician	estimate	e of gestation (in weeks)		Post fer	rtilization age of the	fetus (in weeks)					
**		2/01/2015	•	10		8				6						
How were the gestat ULTRASOUND	tional a	ge and post fertilization	on age determin	ned?												
OLINAGOUND																
Full name of physici	ian perf	orming termination														
DR. CAROL DELLI	-	-														
	-	ming termination (nu		t, city, state,	and zip	code)										
200 S. MERIDIAN	ST, INI	DIANAPOLIS, IN 46	225													
**Date Reported t	to DCS	S, if Patient under 1						_								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
23 Yes • No	nancy termination 01/28/2016	Educa	tion		ool Diploma or GED				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	□ Uni		anic or Latino Hispanic or Latino				
Live Births: Number now living 2				er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	_				
Dates of terminations (Do not include this termination. If more t		nost recent.)		5.	6.				
Fetus delivered alive? If yes, length of time fetus surviv				Complic	cation(s) of Pregnancy Termination				
☐ Yes ■ No				None	Uterine Perforation				
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	e				
Yes No	imation.			☐ Infection	☐ Retained Products				
				Other (Spec	cify)				
Pathological examination If yes, results: performed?									
Yes No				Did this termination Yes No	on of pregnancy result in a maternal death?				
	Type of Term	Termination Procedures							
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e				
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)				rgical) Misoprostol rgical) Other (Speci					
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical	al) Suction Curettag	ge				
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
Caracter (expense)			(~ 8-11	, (~ _F 4),					
For Medical (Surgical) procedures, answer the following questic	on.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ☐ No		`	Yes [No					
If the previous question was answered yes, complete the followi	ng questions.		•	•	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	ry to survive?				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment					hat the pregnant woman had a condition the or serious impairment to the pregnant				
woman?	it to the pregnant	woman?	u uie pro	occurre to avert uea	un of serious impairment to the pregnant				
		1							
Date last normal menses began 12/08/2015	Physician estima	te of gestation (i	n weeks	Post fee	rtilization age of the fetus (in weeks) 6				
How were the gestational age and post fertilization age determin	led?	<u> </u>			0				
ULTRASOUND									
Full name of physician performing termination									
DR. CAROL DELLINGER									
Address of physician performing termination (<i>number and stree</i> 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	code)							
255 S. MENDINITOT, INDINITAL OLIO, IN 40223									
**Date Reported to DCS, if Patient under 14 (month, day,	year):				-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (P	PCSI) (MONROE CO.) - 42	21 SOUTH COLLEGE	City or tov	wn, of pregna BLOON	•			County of pregnand MO	ey termination		
Patient's age** 25	Mai	rried	Date of pregnancy term		Educat	tion		0th-12	th, No Diploma			
Race American Indian Native Hawaiian Live Births:		Alaska Native	01/28/201 ☐ Asian ☐ Blact ■ White ☐ Other	k or African	n American		iknown oer now de	Ethnicity Hispa Not H	· ·	☐ Unknown		
Other Termination	s:	Number of spontaneou	is terminations			Numb	per of indu	iced termin	nations			
			0 ation. If more than six (6)		t recent.)		5		0 6			
Fetus delivered alive		If yes, length of ti	me fetus survived:				■ N		_	y Termination ne Perforation cal Laceration		
Fetus viable?	No	If viable, medical	reason for termination:				Ir	nfection Other (Spec	☐ Retain	ned Products		
Pathological examin performed?		If yes, results:					Did this		on of pregnancy resu	It in a maternal death?		
			Type	of Termina	tion Procedur	res						
Procedure that Term	inate	d Pregnancy	7,5		Additional Pr		e that Terr	ninated Pr	regnancy			
☐ Medical (Nonsu☐ Medical (Nonsu	ırgica ırgica	l) Mifepristone			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
	cal) N	Suction Curettage Menstrual Aspiration Other (Specify)										
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question.	j	For Medical (Surgica	al) proced	ures, answ	er the following que	 stion.		
Was the fetus viable		nave a post fertilization	• •		Was the fetu		le or have		ilization age at least			
If the previous quest	ion w	as answered yes, comp	lete the following questio	ns.	If the previou	s quest	ion was ar	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes [best opportunity to surv	rive?			us givei Yes [opportunit	y to survive?			
			regnant woman had a con ious impairment to the pr						hat the pregnant won tth or serious impairr			
Date last normal men		pegan 12/05/2015	Physicia	n estimate o	of gestation (i	n week:	s)	Post fer	rtilization age of the	fetus (in weeks)		
How were the gestat ULTRASOUND	ional	age and post fertilization	on age determined?									
DR. CAROL DELLI	NGE		mber and street, city, stat	e, and zin co	ode)							
	-	NDIANAPOLIS, IN 46		- Contact the Cont								
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	EGE	City or t	own, of pregna BLOOM			County of pregnand MO	ey termination NROE						
	Patient's age** 22 Married Yes No Date of pregnancy term 01/28/20												
22						Educa	tion		ool Diploma or GED)			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		an American	☐ Un		v anic or Latino Hispanic or Latino	Unknown			
Live Births:	Nu	ımber now living	0				Numb	per now deceased	0				
Other Termination	s: Nu	imber of spontaneou					Numb	per of induced termi					
Dates of termination 06/20/2015	us (Do not	t include this termin	ation. If more th	han six (6)	, those me	ost recent.)		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				Complic	cation(s) of Pregnanc	y Termination			
								■ None	_	ne Perforation			
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorrhag	e 🔲 Cervio	cal Laceration			
☐ Yes ■ 1	No							☐ Infection		ned Products			
Pathological examin	ation	If yes, results:						Other (Spec	cify)				
performed?		ii yes, iesuits:											
☐ Yes ■	No							Did this termination ☐ Yes ■ No		It in a maternal death?			
				Туре	of Termin	nation Procedur	res						
Procedure that Term	egnancy				Additional Pr	ocedure	e that Terminated Pr	regnancy					
☐ Medical (Nonsu	Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol							rgical) Mifepriston rgical) Misoprostol					
☐ Medical (Nonsu	urgical) (Other (Specify)			Medical (Nonsurgical) Other (Specify)								
	cal) Men	strual Aspiration			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration								
☐ Medical (Surgio	cal) Othe	r (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proced	tures answer the fo	llowing questio	n		For Medical (Surgical) procedures, answer the following question.							
	_	e a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [■ No	•					Yes [and ago at load	-o weeks.			
If the previous quest				ng question	ns.	•	•	•	es, complete the follo	wing questions.			
Was the fetus gives Yes		opportunity to surv	ive?				us giver Yes [the best opportunit No	ty to survive?				
		rmination that the protocol to avert death or ser							hat the pregnant wom				
woman?		is avery dealer or ser		a to the pro	-8	woman?	a are pr		an or somous impuni	nom to the program			
Date last normal me	nses harr	ın .		Physicia	n estimat	e of gestation (i	n wool-	g) Doet fo	ertilization age of the	fetus (in wooks)			
	10/2	29/2015		·	comial	13	WEEK	rost le	11	ious (iii weeks)			
How were the gestat ULTRASOUND	tional age	and post fertilization	n age determin	ed?									
<u> </u>													
Full name of physici	-	ming termination											
Address of physician	n perform	-		, city, state	e, and zip	code)							
200 S. MERIDIAN	ST, INDI	ANAPOLIS, IN 46	225										
**Date Reported t	to DCS,	if Patient under 1	4 (month, day, y	year):					_				

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	DD (PF	PCSI) (MONROE CO.) - 42	.EGE	City or t		•			City or town, of pregnancy termination BLOOMINGTON County of pregnancy MOI					
Patient's age**		1	Date of mac-	anov toma	nation	T.A	tion				1			
42	Mar	ried □ Yes ■ No		01/28/2016		Educa	ition		9th-12	th, No Diploma				
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	/ anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 2				
Dates of termination 1. 12/2009	s (Do	not include this termina		than six (6),	those m	ost recent.)		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregna	ncy Termination			
☐ Yes ■	No							1	None	☐ Ute	erine Perforation			
								I	Hemorrhag	e 🗌 Cer	vical Laceration			
Fetus viable? Yes 1	No.	If viable, medical	reason for term	nination:				_ 1	nfection	— □ Pat	ained Products			
ies i	NO									_	amed Floducts			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No										sult in a maternal death?			
								☐ Ye	s 🔳 No	0				
				Туре	of Termi	Termination Procedures								
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
☐ Medical (Nonsu	ırgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol	l				
☐ Medical (Nonst	ırgıca) Other (Specify)				Medical	(Nonsu	rgicai) (Other (Spec	rify)				
		uction Curettage			Medical (Surgical) Suction Curettage									
☐ Medical (Surgio		Ienstrual Aspiration ther (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
	4)							-						
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) proceo	lures, answ	er the following q	uestion.			
	le or h	ave a post fertilization	age at least 20	weeks?			us viabl Yes 🛭		a post fert	tilization age at lea	st 20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fo	ollowing questions.			
Was the fetus gives Yes		pest opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?				
What was the basis	s for d	etermination that the pr	egnant woman	had a cond	lition	What was t	he basis	for deter	mination t	hat the pregnant w	oman had a condition			
that required the pr		re to avert death or seri				that require					irment to the pregnant			
woman?						woman?								
						I								
Date last normal me		•		Physician	estimate	e of gestation (in weeks	s)	Post fe	•	he fetus (in weeks)			
How were the gestat		1/22/2015 age and post fertilization	n age determin	l ned?		8				()			
ULTRASOUND														
Full name of physici DR. CAROL DELLI	_	forming termination												
	-	orming termination (num		t, city, state,	, and zip	code)								
ZUU S. MERIDIAN S	51, IN	IDIANAPOLIS, IN 46	2 25											
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_				

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy						ancy tern			County of pregr	nancy to		
Dations 2			D-4 C		4:		-4:-						
38		ed ■ Yes □ No		01/28/2016		Educa	ation			th, No Diploma			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Africa	nn American	☐ Unl	known		/ anic or Latino Hispanic or Latino)	Unknown	
Live Births:		Number now living	2					er now d		0			
Other Termination	s: N	Number of spontaneou		3			Numbe	er of ind	uced termi	nations			
		ot include this termin	•	, ,		ost recent.)		5.		6.			
Fetus delivered alive	 e?	If yes, length of ti				*			Compli	cation(s) of Pregn	ancy To	ermination	
☐ Yes ■	No							■ N	None	☐ Ut	erine P	erforation	
								П	Hemorrhag	е П Се	rvical l	Laceration	
Fetus viable? Yes	No	If viable, medical	reason for tern	nination:					nfection	_		Products	
l les	INO									_	tamed	Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									1 0 1	esult in	a maternal death?	
								☐ Yes	s I N	0			
				Т	of Termination Procedures								
n =	n telinin			a -=									
Procedure that Term		Additional P	rocedure	that Ter	minated Pi	regnancy							
Medical (Nonsu Medical (Nonsu									lifepriston lisoprostol				
		Other (Specify)							ther (Spec				
Medical (Surgional Control Contro	cal) Su	ction Curettage				☐ Medica	l (Surgica	al) Sucti	on Curetta	ge			
	cal) Me	enstrual Aspiration				Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
iviedicai (Surgio	zai) Ou	нег (зресцу)				Medical (Surgical) Other (Specify)							
	1	1	11			E M F 16 in N							
	_	edures, answer the fo				For Medical (Surgical) procedures, answer the following question.							
	le or ha No	ve a post fertilization	age at least 20	weeks?			tus viable Yes		a post fert	tilization age at le	ast 20 v	weeks?	
If the previous quest	ion was	s answered yes, comp	lete the followi	ing questions	s.	If the previo	us questic	on was a	nswered ye	es, complete the f	ollowir	g questions.	
	n the be	est opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	termination that the p	regnant woman	n had a condi	ition	_		_	mination f	hat the pregnant v	voman	had a condition	
		e to avert death or ser								ath or serious imp			
woman:						woman:							
Data last as 1	mas = 1			Dt: '	ant: :	of ac-t	(in 1	1	D C	mtiliant: C	tha f	in (in our L-)	
Date last normal me		gan /06/2015		Physician	estimate	of gestation (ın weeks,	,	Post fe	rtilization age of	the fetu 11	is (in weeks)	
	ional ag	ge and post fertilization	on age determin	ned?									
ULTRASOUND													
En assis													
Full name of physici	NGER	-											
Address of physician 200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		et, city, state,	and zip	code)							
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):									_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	EGE	City or t	town, of pregna BLOOM			County of pregna	ncy termination ONROE						
Detient's 44	Patient's age** 30 Married Yes No No 01/28/20						tion						
30				ancy termi 01/28/201		Educa	uon	9th-12	2th, No Diploma				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	■ Hisp	y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Nu	mber now living	3				Numb	per now deceased	0				
Other Termination	Nu	mber of spontaneou					Numb	per of induced termi	-				
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	those m	ost recent.)		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Compli	cation(s) of Pregnar	ncy Termination			
☐ Yes ■ 1	NO							None	☐ Ute	rine Perforation			
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorrhag	ge 🗌 Cer	vical Laceration			
☐ Yes ■	No							☐ Infection	Reta	ained Products			
								Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this terminati Yes N		sult in a maternal death?			
	'												
				Type	of Termi	Termination Procedures							
Procedure that Term	ninated Pro	egnancy				Additional Pr	ocedure	e that Terminated P	regnancy				
	☐ Medical (Nonsurgical) Mifepristone							rgical) Mifepriston					
☐ Medical (Nonsu ☐ Medical (Nonsu								rgical) Misoprosto rgical) Other (Spec					
Medical (Surgional Control Contro	cal) Sucti	on Curettage				☐ Medical	(Surgic	al) Suction Curetta	ige				
	cal) Mens	strual Aspiration				☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration				
	,	(-1-35)											
For Medical (Surgic	al) proced	lures, answer the fo	llowing questio	n.		For Medical (Surgica	al) procedures, answ	ver the following a	uestion.			
	_	a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [_	a post fertilization	age at least 20	weeks.			res [unzation age at lea	St 20 WCCRS.			
If the previous quest	tion was a	nswered yes, comp	ete the followir	ng question	ıs.	If the previou	s questi	ion was answered y	es, complete the fo	llowing questions.			
Was the fetus gives Yes [opportunity to surv	ive?				us giver Yes [the best opportuni No	ty to survive?				
		rmination that the properties avert death or ser								oman had a condition irment to the pregnant			
woman?	rocedure i	o avert death of ser	ious impairmen	i to the pre	egnam	woman?	a uie pr	ocedure to avert dea	am or serious impa	irment to the pregnant			
						l							
Date last normal me	_			Physician	n estimate	e of gestation (i	n weeks	Post fe	ertilization age of th	· · · · · · · · · · · · · · · · · · ·			
How were the gestat		and post fertilization	n age determin	ed?		9			7				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	_	ming termination			_								
Address of physician	n perform	-		, city, state	, and zip	code)							
200 S. MERIDIAN	ST, INDI	ANAPOLIS, IN 46	225										
**Date Reported to DCS, if Patient under 14 (month, day, year):													

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregn BLOOI	ancy ter			County of pregnan	cy termination DNROE					
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	ation									
36	Mar	ried □ Yes ■ No		oncy termin		Educa	atiOII		Asso	ociate Degree						
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown					
Live Births:		Number now living	4				Numb	per now d	eceased	0						
Other Termination	s:	Number of spontaneou	is terminations				Numl	per of ind	uced termin	nations						
Dates of termination UNKNOWN	s (Do	not include this termin	•	han six (6),		ost recent.)		5		1 6						
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	cy Termination					
☐ Yes ■ I	No					ne Perforation										
					■ None											
Fetus viable?		If viable, medical	reason for term	nination:												
☐ Yes ■ I	No							L I	nfection	☐ Retai	ned Products					
									Other (Spec	cify)						
Pathological examin performed?	ation	If yes, results:														
·	·							Did this termination of pregnancy result in a mat								
								☐ Yes								
				Туре	of Termin	nation Procedu	ires									
Procedure that Term	inated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy						
☐ Medical (Nonsu									lifepriston							
☐ Medical (Nonsu	ırgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	1isoprostol	Į.						
☐ Medical (Nonsu	ırgica) Other (Specify)				☐ Medical	l (Nonsu	ırgical) C	Other (Spec	ify)						
Medical (Surgio									on Curetta							
☐ Medical (Surgion Med		Ienstrual Aspiration other (Specify)							strual Aspii r (<i>Specif</i> y)	ration						
	,	(<i>-pyy</i>)					(3.11.81	,	(~F55))							
For Medical (Surgical	al) pro	ocedures, answer the following	llowing questio	on.		For Medical (Surgical) procedures, answer the following question.										
	le or h	ave a post fertilization	age at least 20	weeks?			tus viabl Yes [_	a post fert	tilization age at least	20 weeks?					
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.					
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				tus giver Yes [_	opportunit	ty to survive?						
What was the basis	ford	etermination that the pr	egnant woman	had a condi	ition	What was	he hasis	s for deter	mination t	hat the pregnant wor	nan had a condition					
that required the pr		re to avert death or seri				that require					ment to the pregnant					
woman?						woman?										
Date last normal mer		•		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)					
How word the		2/02/2015 age and post fertilization	n aga data'	 		7				5						
ULTRASOUND																
Full name of physici DR. CAROL DELLI	-	-														
	-	orming termination (num		t, city, state,	, and zip	code)										
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 46	225													
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_						

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna BLOOM	ancy terminat	ion		County of pres		termination
Dations? 44	Ι_		Dotf		otic	F1	tion					
Patient's age** 18	Marrie [d Yes No	Date of pregr	01/28/2016		Educa	ttion			h, No Diploma	a	
Race American Indian Native Hawaiian			Asian White	Black o	or Africa	n American	Unknow	▣		nic or Latino ispanic or Latin	no	Unknown
Live Births:	N	umber now living	0				Number no	w decea	sed	0		
Other Termination	s: N	umber of spontaneou	us terminations	1			Number of	induced	l termin	ations 0		
Dates of termination		ot include this termin	v			st recent.)		£				
Fetus delivered alive		If yes, length of ti			4	-		5	omplica	tion(s) of Preg	nancy	Termination
Yes I		in yes, rengar or a	ino retas sur viv			Perforation						
					■ None ☐ Uterine Perfora ☐ Hemorrhage ☐ Cervical Lacera							
Fetus viable?		If viable, medical	reason for term	nination:					Ü			
☐ Yes ■ 1	No							Infec	tion	∐ K	Retaine	d Products
								Other	r (Speci	fy)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No									n of pregnancy	result	in a maternal death?
								Yes	■ No			
			f Tom:	ation Duc 1	*20							
				ı rermin	ation Procedu		_					
Procedure that Term	inated P	regnancy				Additional P	rocedure that	Termina	ated Pre	gnancy		
Medical (Nonsu							(Nonsurgical					
Medical (Nonsu							(Nonsurgical			fy)		
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgical) S	uction C	Curettag	e		
	cal) Mei	nstrual Aspiration				■ Medical	(Surgical) M (Surgical) C	1enstrua	ıl Aspira			
Wiedicai (Surgio	cai) Oui	er (<i>specify)</i>				Wiedicai	(Surgicar) C	ouiei (Sp	recijy)			
	-1)	. l 41 - £-	11				(Ci1)	4		41 £-11:		_
For Medical (Surgice	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav No	e a post fertilization	age at least 20	weeks?			us viable or h Yes No		ost ferti	lization age at l	least 20	0 weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	S.	If the previou	is question w	as answe	ered yes	s, complete the	follow	ving questions.
	n the bes	st opportunity to surv	vive?				us given the l		ortunity	to survive?		
		ermination that the p	regnant woman	n had a condi	ition	_	_		ation th	at the pregnant	woma	n had a condition
that required the programmer woman?	rocedure	to avert death or ser	ious impairme	nt to the preg	gnant							ent to the pregnant
woman:						woman.						
Data last normal	nces ba-			Dhyminian	actimat-	of gentation (in weeks		Doet fa	tilization acc =	f the f	atus (in weeks)
Date last normal me	_	an 16/2015		rnysician	esumate	of gestation (in weeks)		ost ter	tilization age o	8 8	aus (in weeks)
How were the gestat	ional ag	e and post fertilization	on age determin	ned?				1				
ULTRASOUND												
Full name of physics												
Full name of physici	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip o	code)						
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):								

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna BLOOM	•			County of pregnar	ncy termination ONROE		
Patient's age**	3.5	. ,	Date of pregn	ancy termin	nation	Educa	tion						
Patient's age** 22	Maı	ried □ Yes ■ No		nancy termin 01/28/2016		Educa	wi0II		9th-12	th, No Diploma			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ I	No				■ None ☐ Uterine Perforat								
					☐ Hemorrhage ☐ Cervical Laceration								
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:	☐ Infection ☐ Retained Products								
res 📮 i	NO								Other (Spec		med Products		
Pathological examin performed?	ation	If yes, results:											
Yes •	No				Did this termination of pregnancy result in a mate								
								☐ Ye		0			
							1						
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
										•			
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Madical (Symple	(1) C	votion Cumattaga				— Madiaal	(Cumaia	al) Cuati	on Curetta				
☐ Medical (Surgio	al) N	uction Curettage Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ge ration			
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	ver the following qu	estion.		
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	e or i	nave a post fertilization	age at least 20	weeks?			us viabi Yes [a post tert	inization age at leas	1 20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s	If the previou	ıs anesti	ion was a	nswered ve	es, complete the foll	owing questions		
				ng question		•	•		·	•	owing questions.		
Was the fetus given Yes		best opportunity to surv	ive?				us giver Yes 🏻	_	opportunit	ty to survive?			
What was the basis	- for d	etermination that the pr	o an ant vyaman	had a aandi	ition	What was t	ha haaia	for data	unination tl	hat the macanant wa	man had a condition		
		ire to avert death or ser									man had a condition ment to the pregnant		
woman?						woman?							
Date last normal mer	nses b	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)		
	1	1/01/2015		-		12				10	· · · · · · · · · · · · · · · · · · ·		
How were the gestat													
ULTRASOUND													
	-	rforming termination			_		_	_					
DR. CAROL DELLI		R orming termination (number of the control of the	mhar and stress	t city state	and sin	code)							
	-	NDIANAPOLIS, IN 46		ı, спу, <i>s</i> ıапе,	, ана хір	coue)							
		-,											
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH - VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPCS		21 SOUTH COLL	EGE	City or tov	wn, of pregna BLOOM				County of pregnancy termination MONROE			
Patient's age** 31	Married	l Yes • No	Date of pregn	ancy termin 01/28/2016		Educa	tion		9th-12t	th, No Diploma			
Race American Indian Native Hawaiian Live Births:	or Other		Asian White	☐ Black o	or African	American		known er now d	☐ Not H	nic or Latino Iispanic or Latino			
	Nı	ımber of spontaneo	2 us terminations				Numb	er of indi	uced termin	nations			
Other Termination	15:	•	0	li (6)	41					0			
Dates of termination	1S (<i>Do noi</i>	inciuae inis termir	3	nan six (0), i	4	recent.)		5		6			
Fetus delivered alive		If yes, length of ti	ime fetus surviv	ed:					Complica	ation(s) of Pregnancy Termination			
☐ Yes ■	NO							■ N	None	☐ Uterine Perforation			
Fetus viable?		If viable, medical	reason for term	ination:				□ I	Hemorrhage	e Cervical Laceration			
Yes •	No	ir vinoie, medical			☐ Infection ☐ Retained Products								
					Other (Specify)								
Pathological examin	nation	If yes, results:											
performed? Yes	No							Did this	s terminatio	on of pregnancy result in a maternal death?			
								☐ Yes					
Type of Termination Procedures													
Procedure that Term	ninated Pr	egnancy				Additional Pr	ocedure	that Terr	minated Pro	egnancy			
Medical (Nonsu						☐ Medical	(Nonsu	rgical) M	/lifepristone	e			
☐ Medical (Nonsu ☐ Medical (Nonsu						☐ Medical ☐ Medical	(Nonsui (Nonsui	rgical) M rgical) O	Aisoprostol Other (Speci	ify)			
Medical (Surgional Control Contro	cal) Sucti	ion Curettage				☐ Medical	(Surgice	al) Suction	on Curettag				
☐ Medical (Surgio	cal) Men	strual Aspiration				Medical	(Surgica	al) Mens	strual Aspir r (Specify)				
☐ Medical (Surgio	cai) One	r (Specify)				Medicai	(Surgica	ai) Ouiei	і (зресіју)				
For Medical (Surgic	al) proced	dures, answer the fo	ollowing questio	n.						er the following question.			
Was the fetus viab Yes [e a post fertilization	age at least 20	weeks?			us viable Yes 🗀		a post ferti	ilization age at least 20 weeks?			
If the previous quest	tion was a	inswered yes, comp	lete the following	ng questions	s. 1	If the previou	s questi	on was a	nswered ye	es, complete the following questions.			
Was the fetus give Yes		opportunity to sur	vive?				us given Yes 🗀		opportunity	y to survive?			
What was the basis										nat the pregnant woman had a condition			
that required the pro- woman?	rocedure	to avert death or ser	rious impairmen	it to the preg	gnant	that required woman?	d the pro	ocedure t	o avert dea	th or serious impairment to the pregnant			
Date last normal me	nses begg	ın		Physician	estimate o	of gestation (i	n weeks	•)	Post fer	rtilization age of the fetus (in weeks)			
11/15/2015 11 9									_				
How were the gestat ULTRASOUND	tional age	and post fertilization	on age determin	ed?									
Full name of physici	_	ming termination											
Address of physician	n perform	-		t, city, state,	and zip co	ode)							
200 S. MERIDIAN	JI, INDI	ANAFOLIS, IN 40	JZZJ										
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
		Γ.							
27 Yes No	ancy termination 01/28/2016	Educa	tion		th, No Diploma				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Unl		unic or Latino Hispanic or Latino Unknown				
Live Births: Number now living			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations 6			Numb	er of induced termin	-				
Dates of terminations (Do not include this termination. If more the LUNKNOWN 2. UNKNOWN 3. UNKN		nost recent.) 4. UNKNOWN	l		N 6. UNKNOWN				
Fetus delivered alive? Yes No If yes, length of time fetus surviv	ed:			Complic	ration(s) of Pregnancy Termination				
I is E No				None	☐ Uterine Perforation				
Fetus viable? If viable, medical reason for term	ination:			Hemorrhage	_				
☐ Yes ■ No				☐ Infection	Retained Products				
Pathological examination If yes, results:		Other (Specify)							
performed?				Did this termination	on of pregnancy result in a maternal death?				
				Yes No					
	T C.T.	inotice P							
Procedure that Terminated Programmy	Type of Term	Additional Procedur		that Tarminated De	agnangy				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nengyraical) Mifantistana									
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)									
■ Medical (Surgical) Suction Curettage □ Medical (Surgical) Menstrual Aspiration □ Medical (Surgical) Other (Specify)		☐ Medical	(Surgica	al) Suction Curetta al) Menstrual Aspir al) Other (Specify)					
For Medical (Surgical) procedures, answer the following question		For Madical	(Surai ao	1) procedures ensur	er the following question.				
Was the fetus viable or have a post fertilization age at least 20			_	_	ilization age at least 20 weeks?				
☐ Yes ■ No			Yes [] No					
If the previous question was answered yes, complete the following	ng questions.	1	•	·	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen woman?					nat the pregnant woman had a condition th or serious impairment to the pregnant				
Date last normal menses began	Physician estima	te of gestation (i	in weeks) Post fer	rtilization age of the fetus (in weeks)				
11/17/2015 How were the gestational age and post fertilization age determin		7							
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	p code)							
**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC	CSI) (MONROE CO.) - 42 47403	21 SOUTH COLL	LEGE	City or to		ancy termination	1	County of pregnand MO	ey termination NROE			
Patient's age**	М	ad	Date of pregr	nancy termin	nation	Educa	ntion						
24	Marri	ed ■ Yes 🗌 No		01/28/2016		Lauce		Bac	helor's Degree				
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	☐ Asian ■ White	☐ Black o	or Africa	nn American	Unknown	☐ Not	y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	ı	Number now living	1				Number now		0				
Other Termination	ıs:	Number of spontaneou	us terminations 0	3			Number of in	duced term	inations 0				
Dates of termination		ot include this termin	•										
Fetus delivered alive		If yes, length of tir			4	1	5	Compli	omplication(s) of Pregnancy Termination				
Yes Yes		if yes, length of the	ilie tetus surviv	ved.				None	_	e Perforation			
Fetus viable?		If viable, medical	reason for term	nination:		☐ Hemorrhage ☐ Cervical Laceration ☐ Infection ☐ Retained Products							
Yes •	No							Infection	_	ned Products			
							cify)						
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									It in a maternal death?			
							☐ Y	es 🔳 N	0				
				Type of	f Termin	ation Procedu	res						
Procedure that Term	inated l	Pregnancy				Additional P	rocedure that Te	rminated P	regnancy				
Medical (Nonsu							(Nonsurgical)						
Medical (Nonsu							(Nonsurgical) (Nonsurgical)						
Medical (Surgional Control Contro	201) Su	ction Curettage				☐ Medical	(Surgical) Suc	tion Curetts	age				
☐ Medical (Surgio	cal) Me	enstrual Aspiration					(Surgical) Mei	strual Asp	iration				
Medical (Surgio	cal) Otl	ner (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgical) proce	dures, ansv	ver the following ques	stion.			
Was the fetus viab ☐ Yes [ve a post fertilization	age at least 20	weeks?			tus viable or hav Yes No	e a post fer	tilization age at least	20 weeks?			
		s answered yes, compl	lete the followi	ing auestions	s.	_	_	answered v	res, complete the follo	wing questions.			
		est opportunity to surv		8 1		_	tus given the bes	•	-				
Yes [_	or opportunity to surv	140:				Yes No	r opportuiii	ay to survive:				
		termination that the pr							that the pregnant wom				
that required the programmer woman?	rocedur	e to avert death or ser	ious impairmei	nt to the preg	gnant	that require woman?	ed the procedure	to avert de	ath or serious impairn	nent to the pregnant			
Date last normal me	nses he	gan		Physician	estimate	of gestation (in weeks)	Poet fa	ertilization age of the	fetus (in weeks)			
	11	/17/2015				10		1 050 10	8				
	ional ag	ge and post fertilization	n age determin	ned?									
ULTRASOUND													
Full name of physici	ian nerf	orming termination											
DR. CAROL DELLI	_	-											
= -	-	ming termination (num		et, city, state,	and zip	code)							
200 S. MERIDIAN	۱NL ,	DIANAPOLIS, IN 46											
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregna BLOOM	ancy termina			County of preg	nancy MONF	
Dations 2			D-4 C		-4:-		4:					
Patient's age** 34	Marrie [ed ☐ Yes ■ No	Date of pregr	01/28/2016		Educa	ition			ociate Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		nnic or Latino Hispanic or Latin	.0	Unknown
Live Births:	N	umber now living	1				Number n	now de	eceased	0		
Other Termination	s: N	umber of spontaneou	us terminations	3			Number o	of indu	iced termin			
Dates of termination			v			st recent.)				0		
Fetus delivered alive		If yes, length of ti			4.			5	Complic	ation(s) of Pregr	nancy T	Cermination
Yes I		in yes, rengar or a	ino retas sur viv					■ None ☐ Uterine Perforation				
					Hemorrhage Cervical Laceration							
Fetus viable?		If viable, medical	reason for term	nination:								
☐ Yes ■ 1	No							∐ Ir	nfection	∐ R	etained	Products
									ther (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result i	n a maternal death?
								Yes	■ No)		
				f Tarmir	ation Procedu	rec						
D 1 3 7				1 101111111			. 75					
Procedure that Term	inated P	regnancy				Additional P	rocedure tha	at Terr	ninated Pr	egnancy		
Medical (Nonsu Medical (Nonsu							(Nonsurgic					
Medical (Nonsu							(Nonsurgic					
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge		
Medical (Surgio		nstrual Aspiration					(Surgical) (Surgical)	Mens	trual Aspii			
- Wedlear (Surgi	car) Our	cr (specify)				Wiediean	(Surgicur)	Other	(Бресіду)			
For Medical (Surgic	al) proce	edures answer the fo	llowing question			For Medical	(Surgical) n	aroced	urec ancw	er the following		on.
											_	
	e or hav No	e a post fertilization	age at least 20	weeks?			Yes \[\] N		a post fert	ilization age at l	east 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previou	us question	was ar	nswered ye	es, complete the	followi	ng questions.
_ ~ -	n the bes	st opportunity to surv	vive?				us given the Yes \[\] N		opportunit	y to survive?		
What was the basis	s for dete	ermination that the p	regnant woman	n had a condit	tion	What was t	he basis for	r deteri	mination t	nat the pregnant	womar	had a condition
		to avert death or ser										nt to the pregnant
woman:						woman:						
Data last 1	naca I.	an		Di:-'	ootie	of goat-ti	in wast-1		Do-4 C	etilization - C	the	no (in al-)
Date last normal me	_	an 04/2015		rnysician	esumate	of gestation (ın weeks)		rost re	rtilization age of	the ret	us (in weeks)
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					1			
ULTRASOUND												
Full name of physics												
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip o	code)						
**Date Reported t	o DCS	if Patient under 1	4 (month, day,	year):						_		

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Facility Name and Addr PLANNED PARENTHOOD (AVENUE, BLOOMINGTON,	ess (PPC: IN, 4	SI) (MONROE CO.) - 42 7403	1 SOUTH COLL	EGE	y or town,	of pregna	•			County of		cy termination NROE
	arrie			ancy termination	on	Educa	tion		Out. 10	ih Na Diri	la m= -	
Race American Indiana or Native Hawaiian or 0	· Alas	-	Asian White	01/28/2016 Black or A Other	African Aı	merican		known ber now do	Ethnicity Hispa Not H	nic or Latin	10	Unknown
Other Terminations:	N	umber of spontaneous	0 s terminations				Numb	er of indu	iced termin	0 nations		
Dates of terminations (L			0	han six (6), thos	se most re	cent.)				0		
1	_ 2		3		4			5			6	
Fetus delivered alive? ☐ Yes ■ No		If yes, length of tin	ne fetus surviv	ed:				■ N	Complic Vone	ation(s) of	_	y Termination e Perforation
Fetus viable? Yes No		If viable, medical r	eason for term	ination:					Iemorrhage nfection			eal Laceration and Products
									Other (Spec	ify)		
Pathological examinatio performed?	n	If yes, results:										
Yes No								Did this			ancy resul	It in a maternal death?
Type of Termination Procedures												
Procedure that Terminat	ed P	regnancy		71 · · · ·				that Tem	ninated Pr	egnancy		
		•								•		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)												
					_ _							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Mer	strual Aspiration				Medical	(Surgic	al) Mens	on Curettag trual Aspir (Specify)			
For Medical (Surgical) p	oroce	dures, answer the foll	owing questio	n.	 For	Medical (Surgica	ıl) proced	ures, answ	er the follo	wing ques	stion.
Was the fetus viable or ☐ Yes ■ 1		e a post fertilization a	ige at least 20	weeks?	W		us viabl Yes [a post ferti	lization ag	e at least 2	20 weeks?
If the previous question	was	answered yes, comple	ete the following	ng questions.	If tl	ne previou	s questi	ion was a	nswered ye	s, complete	the follo	wing questions.
Was the fetus given the		t opportunity to survi	ve?		W		us giver Yes [opportunit	y to survive	?	
What was the basis for that required the proce woman?					nt th							nan had a condition ment to the pregnant
Date last normal menses	hea	an		Physician esti	imate of a	estation /i	n wook	c)	Post for	tilization a	ge of the	fetus (in weeks)
Date last normal melises	_	08/2015		i irysician esti	uic 01 g	7	weeks	·/	1 031 101	zati0ii a	ge of the f	
How were the gestational ULTRASOUND	How were the gestational age and post fertilization age determined? JLTRASOUND											
Full name of abvaision	nerf-	rming termination										
Full name of physician p DR. CAROL DELLING	ER		ther and attent	oity state a	d zin ood	<u> </u>						
Address of physician per 200 S. MERIDIAN ST,		-		, cuy, state, and	ı zıp code	,						
**Date Reported to D	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna BLOOM	nncy termir			, , ,	ancy termination	
The state of the state of					T = -							
Patient's age** 20	Marrie [ed □ Yes ■ No	Date of pregr	01/28/2016		Educa	tion	F		ol Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkn	own		nnic or Latino Hispanic or Latino	Unknown	
Live Births:	N	Number now living	0				Number	now de		0		
Other Termination	s: N	Number of spontaneou		,			Number	of indu	iced termi			
Dates of termination		ot include this termin	v			st recent.)						
Fetus delivered alive		If yes, length of ti			4	·		5	Complic	eation(s) of Pregna	ancy Termination	
Yes •		if yes, length of th	me retus surviv	veu.		erine Perforation						
					■ None □ Uterine Perforation □ Hemorrhage □ Cervical Laceration							
Fetus viable?		If viable, medical	reason for term	nination:					Č			
Yes •	No							Iı	nfection	☐ Re	tained Products	
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	termination	on of pregnancy r	esult in a maternal dea	th?
								Yes	■ No)		
				Type of	f Termin	ation Procedu	res					
Procedure that Term	inated F	Pregnancy				Additional P	rocedure th	nat Terr	ninated Pr	regnancy		
Medical (Nonsu	ırgical)	Mifepristone				☐ Medical	(Nonsurgi	ical) M	lifepriston	e		
Medical (Nonsu Medical (Nonsu							(Nonsurgi (Nonsurgi					
		Giner (Speedy)					(1 tollowing)	·••••	aner (spee	937		
												_
☐ Medical (Surgion Med		ction Curettage nstrual Aspiration					(Surgical) (Surgical)					
Medical (Surgio	cal) Oth	ner (Specify)				Medical	(Surgical)	Other	(Specify)			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgical)	proced	ures, answ	er the following of	luestion.	
Was the fetus viab	le or hav	ve a post fertilization	age at least 20	weeks?		Was the fet	us viable o	or have	a post fert	ilization age at le	ast 20 weeks?	
Yes [☐ No						Yes 🔲	No				
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previou	is question	was ar	swered ye	es, complete the fe	ollowing questions.	
	n the be	st opportunity to surv	vive?				us given th Yes		opportunit	y to survive?		
What was the basis	s for det	ermination that the p	regnant woman	n had a condi	tion	What was t	he basis fo	r deteri	nination t	hat the pregnant v	voman had a condition	
		e to avert death or ser									airment to the pregnan	
woman:						woman:						
									1-			
Date last normal me	-	gan /21/2015		Physician	estimate	of gestation (ın weeks)		Post fe	_	the fetus (in weeks) 5	
How were the gestat		ge and post fertilization	on age determin	ned?					1			
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	ming termination (nu		et, city, state,	and zip	code)						
	,	- 2,										
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnar	ocy termination ONROE		
Patient's age**			Date of pregn	anov to-	nation	Educa	tion						
35	Mai	ried □ Yes ■ No		oncy termin		Educa	ition		9th-12	th, No Diploma			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black	or Africa	an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	5				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination 1. UNKNOWN	s (Do	not include this termin			those mo	ost recent.)		5		6			
Fetus delivered alive		If yes, length of tir	me fetus surviv	ed:					Complic	cation(s) of Pregnand	cy Termination		
	.10					ne Perforation							
Fetus viable?		If viable, medical	reason for term	nination:	☐ Hemorrhage ☐ Cervical Laceration								
☐ Yes ■ I	No							☐ I	nfection	☐ Retai	ned Products		
									Other (Spec	eify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No				Did this termination of pregnancy result in a matern								
								☐ Yes	s 🔳 No)			
				Type o	of Termin	nation Procedu							
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu Medical (Nonsu Medical (Nonsu	ırgica					Medical	(Nonsu	rgical) N	Mifepriston Misoprostol Other (Spec				
	Ü	, , , , , , , , , , , , , , , , , , , ,				_		,					
Medical (Surgional)	2 (le-	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ne .			
	al) N	Ienstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspii r (<i>Specif</i> y)				
Wiedicai (Surgio	ai) C	uner (Specify)				Wedicar	(Surgic	ai) Ouic	і (зресіју)				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical (Surgical) procedures, answer the following question.							
	_	ave a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [■ No)				_	Yes [_		l-4-4b- 6-11	:		
		as answered yes, complete opportunity to surv		ng questions	s.	_	_		-	es, complete the foll by to survive?	owing questions.		
Yes [_	Yes [_	оррогия	y to survive.			
		etermination that the part to avert death or seri									man had a condition ment to the pregnant		
Date last normal men	nses h	egan		Physician	estimate	e of gestation (in weeks	;)	Post fe	rtilization age of the	e fetus (in weeks)		
	1	1/20/2015				8		<i>,</i>	1 330 10	6	(///		
How were the gestational age and post fertilization age determined? ULTRASOUND													
Full name of physici DR. CAROL DELLI	-	-											
	-	orming termination (number of the IDIANAPOLIS, IN 46		t, city, state,	and zip	code)							
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLI AVENUE, BLOOMINGTON, IN, 47403	LEGE City or	r town, of pregnar BLOOM	ncy termination	Coun	ty of pregnanc	y termination NROE				
Patient's age** Married Date of pregi	nancy termination	Educat	ion							
	01/28/2016	Educat	Юп	9th-12th, No	Diploma					
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afri	ican American		Ethnicity Hispanic or Not Hispani		☐ Unknown				
Live Births: Number now living			Number now dec	ceased	0					
Other Terminations: Number of spontaneous terminations			Number of induc	ced terminations						
Dates of terminations (Do not include this termination. If more 1. 03/05/2015 2. 3		most recent.)	5		6					
Fetus delivered alive? If yes, length of time fetus surviv	ved:			Complication(s	s) of Pregnancy	Termination				
☐ Yes ■ No		■ None ☐ Uterine Perforat								
		Hemorrhage Cervical Laceration								
Fetus viable? If viable, medical reason for term	nination:									
☐ Yes ■ No			∐ In:	fection	☐ Retain	ed Products				
		Other (Specify)								
Pathological examination performed?										
Yes No		Did this termination of pregnancy result in a mater								
			☐ Yes	■ No						
	Type of Term	nination Procedure	es							
Procedure that Terminated Pregnancy		Additional Pro	ocedure that Term	inated Pregnanc	су					
☐ Medical (Nonsurgical) Mifepristone			(Nonsurgical) Mi		•					
☐ Medical (Nonsurgical) Misoprostol		☐ Medical ((Nonsurgical) Mi	soprostol						
☐ Medical (Nonsurgical) Other (Specify)		Medical ((Nonsurgical) Ot	her (Specify)						
Medical (Surgical) Suction Curettage		Medical (Surgical) Suction Curettage								
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)			(Surgical) Menstr (Surgical) Other							
Medicai (Surgicai) Said (Specify)		Wiedicar	(Surgicur) Outer	Бресіду)						
						_				
For Medical (Surgical) procedures, answer the following question	on.	For Medical (S	Surgical) procedu	res, answer the	following ques	tion.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No) weeks?		is viable or have a 'es ☐ No	ı post fertilizatio	on age at least 2	0 weeks?				
If the previous question was answered yes, complete the follow	ing questions.	If the previous	s question was an	swered yes, com	plete the follow	wing questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			is given the best of	pportunity to su	rvive?					
What was the basis for determination that the pregnant woman	n had a condition	What was th	e basis for determ	nination that the	pregnant wom:	an had a condition				
that required the procedure to avert death or serious impairme		that required				ent to the pregnant				
woman?		woman?								
Date last normal menses began	Physician estima	ate of gestation (ir	n weeks)	Post fertilizati	-	etus (in weeks)				
12/02/2015 How were the gestational age and post fertilization age determine	ned?	9			7					
ULTRASOUND	·=·									
_										
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (<i>number and stree</i> 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	et, city, state, and zi	ip code)								
200 S. IVILINDIAN ST, INDIANAFOLIS, IN 40225										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PP0		1 SOUTH COLL	_EGE (City or t	town, of pregna	•			County of pregnar	ncy termination DNROE
Patient's age** 23	Marri	ed □ Yes ■ No	Date of pregn	nancy termina 01/28/2016		Educa	tion		Bach	elor's Degree	
Race American Indiana o	r Oth	er Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:	1	Number now living	0				Numb	er now d	eceased	0	
Other Terminations:	1	Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations (Do n		,	than six (6), t	those mo	ost recent.)					
Fetus delivered alive?		If yes, length of tin		rad.		4		5	Complic	ation(s) of Pregnan	cy Termination
Yes No)	if yes, length of this	ne retus surviv	reu.				■ N	None	_	ne Perforation
Fetus viable?		If viable, medical r	eason for term	nination:					Hemorrhage		ical Laceration
Yes No)							☐ I	nfection	☐ Reta	ined Products
									Other (Spec	ify)	
Pathological examinating performed?	ion	If yes, results:									
Yes No	O										ult in a maternal death?
								☐ Yes	s ■ No)	
				Type of	f Termii	nation Procedu	res				
Procedure that Termin	ated 1	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy	
Medical (Nonsurg									lifepristone	e	
☐ Medical (Nonsurg ☐ Medical (Nonsurg									Iisoprostol ther (<i>Speci</i>	ify)	
Madical (Surgical) C 11	ation Curattaga				☐ Madical	(Surgia	al) Suati	on Curatta		
) Me	enstrual Aspiration				☐ Medical	(Surgical	al) Mens	on Curettag strual Aspir		
Medical (Surgical) Otl	ner (Specify)				Medical	(Surgical	al) Other	(Specify)		
For Medical (Surgical)	proc	edures, answer the fol	lowing question	on.		For Medical	Surgica	l) proced	ures, answ	er the following qu	estion.
		ve a post fertilization a	age at least 20	weeks?					a post ferti	ilization age at least	20 weeks?
☐ Yes ■	No						Yes [] No			
If the previous question	n was	s answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	s, complete the foll	owing questions.
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?	
What was the basis for	or de	termination that the pro	egnant woman	n had a condit	tion	What was the	ne basis	for deter	mination th	nat the pregnant wo	man had a condition
that required the proc		e to avert death or serie				that require					ment to the pregnant
woman?						woman?					
Date last normal mens		gan 2/08/2015		Physician	estimate	e of gestation (i	n weeks	:)	Post fer	tilization age of the	e fetus (in weeks)
How were the gestation			n age determin	ned?		•					
ULTRASOUND	JLTRASOUND										
Full name of physician DR. CAROL DELLING	_	-							·		
Address of physician p			nber and stree	t, city, state,	and zip	code)					
200 S. MERIDIAN ST		=			•						
**Date Reported to	DCS	s, if Patient under 14	(month, day,	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addr PLANNED PARENTHOOD (AVENUE, BLOOMINGTON,	ress (PPCS IN, 47	SI) (MONROE CO.) - 42 1403	EGE City	City or town, of pregnancy termination BLOOMINGTON					County of		ey termination NROE	
Patient's age** M	r •	<u>. </u>	Date of prece	ancy termination	nn	Educa	tion					
23	Iarrie	d Yes I No		21/29/2016	-11	Lauca	.4011		Some Co	ollege, No I	Degree	
Race American Indiana or Native Hawaiian or	Other	Pacific Islander	Asian White	☐ Black or A	African Am	erican		ıknown	☐ Not H	nic or Latir Iispanic or l		☐ Unknown
Live Births:	Νι	ımber now living	0				Numb	oer now d	eceased	0		
Other Terminations:	Νι	ımber of spontaneou	s terminations 0				Numb	per of indi	uced termin	nations 0		
Dates of terminations (L	Оо по	t include this termind	tion. If more ti	han six (6), thos	se most rec	ent.)						
I	2.	TC 1 (1 C)	3	1	4			5	Complic	ation(s) of l	6	y Termination
Fetus delivered alive? Yes No		If yes, length of tir	ne tetus surviv	ea:					_		_	
									None	L	_	e Perforation
Fetus viable?		If viable, medical i	eason for term	ination:				LJ F	Hemorrhage	e L] Cervic	cal Laceration
☐ Yes ■ No								☐ I	nfection		Retain	ed Products
									Other (Spec	rify)		
Pathological examination performed?	n	If yes, results:										
Yes No										on of pregna	ıncy resul	t in a maternal death?
								☐ Yes	s 🔳 No)		
	Type of Termination Procedures Additional Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsurgio									lifepriston			
☐ Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical									lisoprostol other (<i>Speci</i>			
Medical (Surgical)	Suct	ion Curattaga			_	Medical	(Surgio	val) Sucti	on Curettag	70		
☐ Medical (Surgical)	Men	strual Aspiration				Medical	(Surgic	al) Mens	strual Aspir			
Medical (Surgical)	Othe	er (Specify)				Medical	(Surgic	cal) Other	r (Specify)			
For Medical (Surgical) p	proce	dures, answer the fol	lowing questio	n.	For Medical (Surgical) procedures, answer the following question.							stion.
Was the fetus viable of		e a post fertilization	age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							20 weeks?
☐ Yes ■						_		_				
If the previous question	was a	answered yes, compl	ete the following	ng questions.	If the	e previou	s quest	ion was a	nswered ye	s, complete	the follo	wing questions.
Was the fetus given th ☐ Yes ☐ I		t opportunity to surv	ve?		Wa		us givei Yes [opportunit	y to survive	?	
What was the basis for	r dete	rmination that the pr	egnant woman	had a condition	w W	nat was fl	ne basis	s for deter	mination th	nat the press	nant wom	an had a condition
that required the proce woman?					tha tha							nent to the pregnant
woman?					WO	man :						
									T-			
Date last normal menses	_	n 03/2015		Physician esti	_	station (i 12	n week:	s)	Post fer	rtilization a	ge of the	fetus (in weeks)
How were the gestationa			n age determin	ed?					1			
ULTRASOUND												
Full name of physician p DR. CAROL DELLING	_	ming termination				_		_				
Address of physician pe		ning termination (nur	nber and street	t, city, state, and	l zip code)							
200 S. MERIDIAN ST,		-										
**D)CC	ich (,								
**Date Reported to D	JCS,	11 Patient under 14	(month, day,	year):						-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/27/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	LEGE	BLOOMINGTON				County of pregnan	cy termination DNROE				
Patient's age**	N # -	ried	Date of pregn	nancy termin	nation	Educa	tion				1		
25	Maı	Tied ■ Yes □ No		01/12/2016		Lauca			Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		than six (6),	those me	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	ey Termination		
res • r	NO								None	☐ Uterii	ne Perforation		
								☐ I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	Vo	If viable, medical	reason for term	nination:				Пі	nfection	□ Retair	ned Products		
	10										ned Froducts		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No									on of pregnancy resu	lt in a maternal death?		
								☐ Yes	s 🔳 No)			
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
■ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol				
☐ Medical (Nonsu	ırgıca	l) Other (Specify)				Medicai	(INONSU	rgicai) C	Other (Speci	ijy)			
		uction Curettage				Medical	(Surgic	al) Sucti	on Curettag	ge			
☐ Medical (Surgion Med		Instrual Aspiration Other (Specify)							strual Aspir r (Specify)	ration			
_	,	1 337					` "	,	(1 33)				
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl ☐ Yes ☐		nave a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at least	20 weeks?		
						_	_	_					
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?					_	opportunit	y to survive?			
						_	Yes L	_					
		etermination that the properties of the properti								hat the pregnant wor th or serious impair	nan had a condition ment to the pregnant		
woman?			1	1	<i>-</i>	woman?				· · · · · · · · · · · · · · · · · · ·	1 .6		
Date last normal men	nses b	egan		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)		
	1	1/23/2015				6				4	<u> </u>		
=	ional	age and post fertilization	n age determin	ned?									
ULTRASOUND	-I KASOUND												
Full name of physici DR. JEFFREY D. G	_	rforming termination											
		orming termination (num	mber and stree	t, city, state.	and zip	code)							
	-	E, INDIANAPOLIS, I											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/21/2016

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Facility Name and Addre PLANNED PARENTHOOD (FAVENUE, BLOOMINGTON, II	ess PPCSI) (MONROE CO.) - 421 SOUTH N, 47403	COLLEGE	or town, of pregna	incy termination	County of pregnancy termination MONROE						
Detient's**	ln. c		, F1	tion							
18	arried Date of ☐ Yes ■ No	pregnancy terminatior 02/04/2016	n Educa		9th-12th, No Diploma						
Race American Indiana or A Native Hawaiian or O	_	=	frican American	[Ethnicity ■ Hispanic or Latino □ Not Hispanic or Latino □ Unknown						
Live Births:	Number now living	0		Number now dece							
Other Terminations:	Number of spontaneous termina	tions		Number of induce							
Dates of terminations (De	l o not include this termination. If n	ore than six (6), those	e most recent.)		0						
1	2 3		4	5	6						
Fetus delivered alive? Yes No	If yes, length of time fetus s	urvived:			Complication(s) of Pregnancy Termination						
				■ Nor	Uterine Perforation						
Fetus viable?	If viable, medical reason for	termination:		— ☐ Her	morrhage						
Yes No	ii viable, illedicai reason for	termination.		☐ Infe	ection Retained Products						
				Oth	er (Specify)						
Pathological examination	If yes, results:				· (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1						
performed?				=							
☐ Yes ■ No				Did this te	rmination of pregnancy result in a maternal death? • No						
	•			1							
		Type of Ter	mination Procedu	res							
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgica ☐ Medical (Nonsurgica				(Nonsurgical) Mise (Nonsurgical) Mise							
Medical (Nonsurgica				(Nonsurgical) Other							
Medical (Surgical) S	Suction Curettage		_	(Surgical) Suction	Curettage						
☐ Medical (Surgical) ☐ Medical (Surgical) ☐	Menstrual Aspiration Other (Specify)			(Surgical) Menstru (Surgical) Other (S							
	Outer (Speedy)		Wiedicar	(Surgicar) Onler (S	рссцу						
For Medical (Surgical) pr	rocedures, answer the following qu	estion	For Medical	(Surgical) procedure	es, answer the following question						
			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at lea No	st 20 weeks?		us viable or have a p	post fertilization age at least 20 weeks?						
If the previous question v	was answered yes, complete the fo	llowing questions.	If the previou	s question was answ	wered yes, complete the following questions.						
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			us given the best op Yes \(\sime\) No	portunity to survive?						
	determination that the pregnant w	oman had a condition		_	nation that the pregnant woman had a condition						
that required the proced	dure to avert death or serious impa		that require		evert death or serious impairment to the pregnant						
woman?			woman?								
Date last normal menses	_	Physician estir	nate of gestation (in weeks)	Post fertilization age of the fetus (in weeks)						
	12/08/2015 I age and post fertilization age dete	ermined?	8		6						
ULTRASOUND											
Full name of physician po	=										
Address of physician perf	forming termination (number and INDIANAPOLIS, IN 46225	street, city, state, and	zip code)								
200 O. MILINIDIAN OT, I											
**Date Reported to Do	rate Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/21/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON) (PP		1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termina MONROE							
Patient's age** 24	Marri	ied □ Yes ■ No	Date of pregn	nancy termina 02/04/2016		Educa	tion		9th-12	th, No Diploma		
Race American Indiana o Native Hawaiian o	r Oth	er Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	I	Number now living	2				Numb	er now d	eceased	0		
Other Terminations:	1	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0		
Dates of terminations	(Do n		,	than six (6), t	hose me	ost recent.)						
Fetus delivered alive?	_	If yes, length of tin		rad.		4		5	Complic	ation(s) of Pregnar	ncy Termination	
Yes No	O	if yes, length of thi	ne retus surviv	red:				1	None	_	ine Perforation	
										_		
Fetus viable?		If viable, medical r	eason for term	nination:				∐ ŀ	Hemorrhage	e ∐ Cerv	vical Laceration	
☐ Yes ■ No)							☐ I	nfection	Reta	ined Products	
									Other (Spec	ify)		
Pathological examination performed?	ion	If yes, results:										
Yes No	О							Did this	s terminatio	on of pregnancy res	ult in a maternal death?	
								☐ Yes	s 🔳 No)		
											1	
	Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurg									lifepriston			
☐ Medical (Nonsurg									lisoprostol other (Speci			
	,,	(-1						8 ,	(-1	<i>327</i>		
								1) 0				
	l) Me	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir			
☐ Medical (Surgical	l) Ot	her (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical)) proc	cedures, answer the following	lowing question	on.		For Medical	(Surgica	ıl) procec	lures, answ	er the following qu	estion.	
		ve a post fertilization a	ige at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	st 20 weeks?	
☐ Yes ■	No						Yes [No				
If the previous question	n wa	s answered yes, comple	ete the followi	ng questions.		If the previou	ıs questi	ion was a	nswered ye	es, complete the fol	lowing questions.	
Was the fetus given t		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?		
		termination that the pro									oman had a condition	
that required the proc woman?	cedur	e to avert death or serie	ous impairmer	nt to the preg	nant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant	
Details 1	1			DL · ·	4			- \	D : C		- f-t (in 1)	
Date last normal mens		gan 1/15/2015		Pnysician	estimate	e of gestation (a	n weeks	S)	Post fer	rtilization age of th 10	· ·	
How were the gestation	nal a	ge and post fertilization	n age determin	ned?								
ULTRASOUND												
Full name of physician DR. CAROL DELLING	_	-										
Address of physician p			nber and stree	t, city, state,	and zip	code)						
200 S. MERIDIAN ST	Γ, INI	DIANAPOLIS, IN 462	225									
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):						-		

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEG VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnance					City or town, of pregnancy termination County of pregnancy BLOOMINGTON					ncy termination ONROE			
			-			T								
Patient's age** 23	Marr	ied □ Yes ■ No		nancy termin 02/04/2016		Educa	tion			th, No Diploma				
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	☐ Unkno	own		nic or Latino lispanic or Latino	Unknown			
Live Births:		Number now living	2				Number n			0				
Other Termination	6.	Number of spontaneou					Number o	of indu	iced termin	nations				
		not include this termin	1 ation If more t	han six (6)	those m	ost recent)				0				
1. 03/2014		2	•	six (0),		4		5		6				
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	red:					Complica	ation(s) of Pregnan	cy Termination			
☐ Yes ■ 1	No							■ N	lone	☐ Uter	ine Perforation			
								Пн	Iemorrhage	n □ Cors	rical Laceration			
Fetus viable?		If viable, medical	reason for term	nination:				_	C	_				
Yes I	No							Iı	nfection	☐ Reta	ined Products			
									Other (Spec	ify)				
Pathological examin	ation	If yes, results:												
performed?	No							id this	tarminatio	n of prognancy ros	ult in a maternal death?			
l les E	110							Yes			ult in a maternal death?			
				Type	of Termi	nation Procedu	vodures							
				1 ype (or reillil									
Procedure that Term	inated	Pregnancy				Additional P	rocedure tha	at Terr	minated Pro	egnancy				
Medical (Nonsu						☐ Medical	(Nonsurgic	cal) M	lifepristone	•				
Medical (Nonsu		Misoprostol Other (Specify)				☐ Medical ☐ Medical	(Nonsurgic	cal) M cal) O	Iisoprostol ther <i>(Speci</i>	fy)				
		(-1					(8 .	,	(-F	,,,,				
Medical (Surgio							(Surgical)							
Medical (Surgic		enstrual Aspiration ther (Specify)					(Surgical) (Surgical)			ation				
For Medical (Surgical	al) pro	cedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.								
	le or ha	ave a post fertilization	age at least 20	weeks?			us viable or Yes		a post ferti	lization age at leas	t 20 weeks?			
	_	s answered yes, comp	lete the following	ng question	ıs.	_	_		nswered ye	s, complete the fol	lowing questions.			
		est opportunity to surv		J			_		-	y to survive?				
Was the fetus given		est opportunity to surv	ive?				Yes \[\] N		opportunit	y to survive?				
		etermination that the pr									man had a condition			
that required the pr woman?	ocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	d the procee	dure to	o avert dear	th or serious impai	rment to the pregnant			
Date last normal men		-		Physician	n estimat	e of gestation (in weeks)		Post fer	tilization age of th	e fetus (in weeks)			
How were the cost-t		1/24/2015 ge and post fertilization	n aga datama'-	l pad?		8			1	6				
ULTRASOUND	ional a	ge and post tertilizatio	n age uetermin	ieu :										
Full name of alarm'	on == -	forming tomaic-ti												
Full name of physici DR. CAROL DELLI	-	-												
		rming termination (nu	mber and stree	t, city, state,	, and zip	code)								
	-	DIANAPOLIS, IN 46			1									
**Date Reported t	o DC	S, if Patient under 1	4 (month day	vear):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOOD AVENUE, BLOOMINGTO	O (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age** 28	Marı	ied □ Yes ■ No	Date of pregn	nancy termina 02/04/2016		Educa	tion		9th-12	th, No Diploma		
Race American Indiana Native Hawaiian o	r Oth	ner Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0		
Other Terminations:		Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 1		
Dates of terminations 05/22/2014	(Do	not include this termina	•	than six (6), t	those mo	ost recent.)						
Fetus delivered alive?		If yes, length of tin	3	vad:		4		5	Complic	ation(s) of Pregnar	ncy Termination	
Yes No		if yes, length of the	ne retus surviv	reu.				1	None	_	ine Perforation	
										_		
Fetus viable?		If viable, medical r	eason for term	nination:					Hemorrhage	_	vical Laceration	
☐ Yes ■ No	0							∐ I	nfection	∐ Reta	ined Products	
									Other (Spec	ify)		
Pathological examinat performed?	ion	If yes, results:										
Yes N	o										ult in a maternal death?	
								☐ Yes	s 🔳 No)		
	Type of Termination Procedures Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsur									lifepriston			
☐ Medical (Nonsurg									Iisoprostol Other (<i>Speci</i>			
Medical (Surgical)	1) Sı	action Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	oe.		
	l) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir			
Medicai (Surgica	1) 0	mer (<i>Specify)</i>				Medical (Surgical) Other (Specify)						
For Medical (Surgical) pro	cedures, answer the fol	lowing questic	on.		For Medical	Surgica	ıl) proced	lures, answ	er the following qu	estion.	
Was the fetus viable ☐ Yes ☐		ave a post fertilization a	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at leas	et 20 weeks?	
						_	_	_	1	1		
		is answered yes, comple		ng questions.	•		•		•	es, complete the fol	lowing questions.	
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?		
What was the basis f	for de	etermination that the pro	eonant woman	n had a condit	tion	What was t	ne hasis	for deter	mination th	nat the pregnant we	oman had a condition	
		re to avert death or serie									rment to the pregnant	
woman?						woman?						
Date last normal mens		egan 1/01/2015		Physician	estimate	e of gestation (i	n weeks	5)	Post fer	rtilization age of th 7	·	
How were the gestation		ge and post fertilization	n age determin	ned?					1	<u> </u>		
ULTRASOUND												
Full name of physician DR. CAROL DELLIN	-	-										
		rming termination (nun	nber and stree	t, city, state,	and zip	code)						
200 S. MERIDIAN S	T, IN	DIANAPOLIS, IN 462	225									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT		LEGE	BLOOMINGTON				County of pregnancy termination MONROE					
Dotion4's det			Data C	nome==1 .	ati -	F-1	nti or					
Patient's age** 25	Marrie [ed Yes No	Date of pregr	02/04/2016		Educa	uton			th, No Diplom	а	
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	nn American	Unkno	own_		nnic or Latino Hispanic or Lati	no_	Unknown
Live Births:	N	umber now living	3				Number n	now de	eceased	0		
Other Termination	s: N	umber of spontaneou	us terminations	3			Number o	of indu	iced termi	nations 0		
Dates of termination			v			ost recent.)						
Fetus delivered alive		If yes, length of ti			4	1	<u> </u>	5	Complic	eation(s) of Preg	nancy	Termination
Yes Yes		ii yes, iengui oi u	me retus surviv	veu.				■ N	•	_		Perforation
								_	Iemorrhag	_		l Laceration
Fetus viable?		If viable, medical	reason for term	nination:					Č			
☐ Yes ■ 1	No							∐ Ir	nfection	☐ I	Retaine	d Products
								☐ C	ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result	in a maternal death?
								Yes	■ No	0		
				Type of	of Termin	nation Procedu	ires					
Deconders 41 / T	ingt- 15	ma an an s		1 ypc 01	1 1 51111111			ot T	minst-1D			
Procedure that Term						Additional P						
Medical (Nonsu Medical (Nonsu							(Nonsurgic					
Medical (Nonsu							(Nonsurgic					
Medical (Surgio							(Surgical)					
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)					(Surgical)			ration		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) p	oroced	ures, answ	er the following	g questi	ion.
		e a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	■ No					_	Yes					
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previous	us question v	was ar	iswered ye	es, complete the	e follow	ing questions.
	n the bes	st opportunity to surv	vive?				tus given the Yes \[\] \[\]		opportunit	y to survive?		
		ermination that the p										n had a condition
that required the programmer woman?	rocedure	to avert death or ser	ious impairmei	nt to the preg	gnant	that require woman?	ed the procee	dure to	o avert dea	th or serious in	npairme	ent to the pregnant
Date last normal me	nses be	an		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age o	of the fe	etus (in weeks)
	11/	25/2015				11	/				9	,,
How were the gestat ULTRASOUND	ional ag	e and post fertilization	on age determin	ned?								
OLINASOUND												
Full name of physici	ian perfo	rming termination										
DR. CAROL DELLI	NGER	-	, .		7 -	1 1						
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS	if Patient under 1	4 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT		_EGE (BLOOMINGTON					gnancy MON				
Dations' **			Data of		otic	Fi	ation.					
Patient's age** 30	Marrio [ed Yes No	Date of pregr	02/04/2016		Educa	ation			th, No Diploma	a	
Race American Indian Native Hawaiian			☐ Asian ■ White	Black o	or Africa	n American	☐ Unk	anown		/ anic or Latino Hispanic or Latir	10	☐ Unknown
Live Births:	N	Number now living	2				Numbe	er now d	eceased	0		
Other Termination	s: N	Sumber of spontaneou	is terminations	1			Numbe	er of ind	uced termi	nations 0		
Dates of termination	,	ot include this termin	,			st recent.)	1					
Fetus delivered alive		If yes, length of ti			4	*		5	Complic	cation(s) of Preg	nancy '	Termination
Yes •		if yes, length of the	ine retus sur vi v	rea.				■ N	None	Π τ	Iterine	Perforation
									Hemorrhag	_		l Laceration
Fetus viable?		If viable, medical	reason for term	nination:						_		
Yes • 1	No							□ I	nfection	∐ F	Letaine	d Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										result	in a maternal death?
								☐ Yes	s I N	0		
				Tr.	er ·	-41- P 1						
				Type of	1 Termin	ation Procedu						
Procedure that Term	inated F	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu Medical (Nonsu									Aifepriston Aisoprostol			
Medical (Nonsu									ther (Spec			
Medical (Surgio	eal) Suc	ction Curettage				Medical	l (Surgica	ıl) Sucti	on Curetta	ge		
	cal) Me	nstrual Aspiration				☐ Medica	l (Surgica	d) Mens	strual Aspi			
Wiedicai (Surgio	Zai) Oti	ici (specijy)				☐ Medical (Surgical) Other (Specify)						
	-1)	. 1 41 - 6	11 :				(C:1	N		dh - f-11i		-
	_	edures, answer the fo				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	le or hav No	ve a post fertilization	age at least 20	weeks?		_	tus viable Yes	_	a post fert	ilization age at l	east 20) weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previo	us questio	on was a	nswered ye	es, complete the	follow	ing questions.
	n the be	st opportunity to surv	vive?					the best	opportuni	ty to survive?		
		ermination that the pr	regnant woman	n had a condi	ition	_	_	-	mination t	hat the pregnant	woma	n had a condition
that required the pr		e to avert death or ser				that require						ent to the pregnant
woman?						woman?						
Dele	,			Di ::		c	,,	١		A11	C (1	
Date last normal me	-	gan /17/2015		Pnysician	estimate	of gestation (ın weeks)	,	Post fe	rtilization age o	f the fe	tus (<i>in weeks)</i>
How were the gestat					1							
ULTRASOUND												
Full name of physicia	an nort	rmina tamination										
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	ming termination (nu.		et, city, state,	and zip	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

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Patient's age**	3.4	ind I T	Date of preon	nancy terminati	ion	Educat	tion													
15	Mar	Yes No		02/04/2016	IOII	Educai	HOII		9th-12	2th, No Diploma										
Race American Indiana Native Hawaiian		_	Asian White	☐ Black or ☐ Other	Afric	an American	Unknov	wn		y anic or Latino Hispanic or Latino	☐ Unknown									
Live Births:		Number now living	0				Number n	ow de	eceased	0										
Other Terminations	s:	Number of spontaneous	terminations 0				Number of	of indu	iced termi	nations 0										
Dates of terminations	s (Do	not include this terminati	•			ost recent.)														
Fetus delivered alive	.?	If yes, length of time				4		5	Complic	cation(s) of Pregnar	acy Termination									
Yes I		ir yes, rengin or time	retus sur viv	· cu.				■ N	lone	☐ Uter	ine Perforation									
								_	lemorrhag	_	vical Laceration									
Fetus viable?	No	If viable, medical rea	ason for term	nination:					nfection	_	ined Products									
l les 🕒 l	NU									_	illed Floducts									
Pathological examina	otion	If yes, results:						☐ C	ther (Spec	cify)										
performed?	ation	if yes, resuits:																		
Yes •	No						Die	d this Yes			ult in a maternal death?									
		l								-										
				Type of T	Гегті	nation Procedur	es													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy																				
_																				
Medical (Nonsu Medical (Nonsu	ırgical) Misoprostol					(Nonsurgica (Nonsurgica	al) M	[isoprosto]	1										
Medical (Nonsu	ırgical) Other (Specify)				☐ Medical	(Nonsurgica	al) O	ther (Spec	rify)										
Medical (Surgic		uction Curettage Ienstrual Aspiration					(Surgical) S													
Medical (Surgic							(Surgical) (
For Medical (Surgica	al) pro	ocedures, answer the follo	wing question	on.		For Medical (Surgical) pi	roced	ures, answ	ver the following qu	estion.									
Was the fetus viabl	le or h	ave a post fertilization ag	e at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?														
☐ Yes [Yes □ N		1	C										
If the previous questi	ion wa	as answered yes, complet	e the followi	ng questions.		If the previou	s question v	was ar	nswered yo	es, complete the fol	lowing questions.									
	n the l	est opportunity to surviv	e?				us given the		opportuni	ty to survive?										
	_			had a TV		_	_		minet:	hat the	mon had J''									
that required the pr		etermination that the preg are to avert death or seriou				that required					oman had a condition rment to the pregnant									
woman?						woman?														
					_															
Date last normal mer		egan 2/06/2015		Physician es	stimate	e of gestation (i.	n weeks)		Post fe	ertilization age of th 7	· · · · · · · · · · · · · · · · · · ·									
How were the gestati		age and post fertilization	age determin	ned?						•										
ULTRASOUND	TRASOUND																			
Full name of physici DR. CAROL DELLI									_											
		orming termination (number	per and stree	t, city, state, ar	nd zip	code)														
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 4622	25																	
**Date Reported to	o DC	S, if Patient under 14 (month, day,	year):						_	Date Reported to DCS, if Patient under 14 (month, day, year):									

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PLANNÉD PARENTHO	Patient's age** Married Pacility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Date of pregnance						ncy terr	County of pregnancy termination MONROE					
Patient's age**	3.1	., 1	Date of preco	ancy termi-	nation	Educa	tion				1		
Patient's age** 14	Mar	ried □ Yes ■ No		nancy termit 02/04/2016		Educa	WIOII		9th-12	th, No Diploma			
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ 1	No							• 1	None	☐ Uteri	ne Perforation		
								□ I	Hemorrhag	e 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ I	nfection	— □ Patai	ned Products		
L les E l	NO										neu Flouucis		
									Other (Spec	cify)			
Pathological examina performed?	ation	If yes, results:											
Yes I	No							Did this	s termination	on of pregnancy resi	alt in a maternal death?		
								☐ Yes		0			
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inated	Pregnancy			_	Additional P	rocedure	e that Ter	minated Pr	egnancv			
		,											
☐ Medical (Nonsu☐ Medical (No									Aifepriston Aisoprostol				
		Other (Specify)							Other (Spec				
Medical (Surgice)	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	σe			
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	al) C	ther (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgica	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl	e or h	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No		uge at least 20	weeks.			Yes [a post tert	inzation age at least	20 WCCKS:		
If the previous questi	ion w	as answered yes, compl	ete the following	ng question	ıs.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.		
•							_		-	-			
was the letus giver ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes	_	opportunit	ty to survive?			
What was the basis	for d	etermination that the pr	eonant woman	had a cond	lition	What was t	he hasis	for deter	mination tl	hat the pregnant wo	man had a condition		
that required the pr		re to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
Date last normal mer	ises b	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)		
		1/24/2015				6				4			
_	ional	age and post fertilization	n age determin	ned?									
ULTRASOUND													
Full name of physici DR. CAROL DELLI	-	-											
		orming termination (num	mber and street	t, city, state.	, and zip	code)							
	-	IDIANAPOLIS, IN 46		, ,	. ~~Y	-/							
**Date Reported to	o DC	S, if Patient under 14	4 (month, day	vear):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/21/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	PCSI) (MONROE CO.) - 42	.EGE	BLOOMINGTON					County of pregna	ncy termination ONROE	
Patient's age**		. ,	Date of pregn	ancy termi	nation	Educa	tion				
Patient's age** 22	Mar	ried □ Yes ■ No		02/04/2016		Educa	itiOII		9th-12	th, No Diploma	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black □ Other		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	1				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 2	
Dates of termination 1. 08/27/2015	s (Do	not include this termina		han six (6),	those m	ost recent.)		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination
☐ Yes ■ I	No							• 1	None	Uter	ine Perforation
								☐ I	Hemorrhag	e 🔲 Cerv	rical Laceration
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				Пі	nfection	□ Reta	ined Products
	.10									_	inica i roducts
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No										ult in a maternal death?
								☐ Yes	s 🔳 No	0	
				Type o	of Termi	nation Procedu	res				
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
■ Medical (Nonsu									/lifepriston		
Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)							Aisoprostol Other (Spec		
	0	,						8 ,	(-1	337	
		uction Curettage Ienstrual Aspiration							on Curetta strual Aspir		
Medical (Surgio									r (Specify)		
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.
		ave a post fertilization					_	_		ilization age at leas	
			age at least 20	weeks:			Yes [_	a post tert	ilization age at leas	t 20 weeks:
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fol	lowing questions.
Was the fetus give	n the l	pest opportunity to surv	ive?			Was the fet	us oiver	the best	opportunit	ty to survive?	
Yes [110.				Yes [_	оррогия	y to survive.	
		etermination that the pr									man had a condition
that required the pr woman?	ocedu	ire to avert death or seri	ious impairmen	nt to the pre	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant
D-4-1 / 1				Di · ·		£	•	-1	n c		- 5-4 (** * * * * * * * * * * * * * * * *
Date last normal men		egan 2/01/2015		Pnysician	ı estimat	e of gestation (in weeks	5)	Post fe	rtilization age of th 5	·
How were the gestat	ied?				1						
ULTRASOUND											
Full name of physici DR. CAROL DELLI	NGE	٦									
	-	orming termination (num		t, city, state	, and zip	code)					
200 G. MERIDIAN	J . , II										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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PLANNÉD PARENTHO	Patient's age** Married Pacility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE Patient's age** Married Date of pregnance						City or town, of pregnancy termination BLOOMINGTON termination Education						
Patient's age**	3.7		Date of prece	nancy termin	nation	Educ	ation						
33	Maı	ried Yes No		nancy termin 02/04/2016		Educ	atiOII		Bach	elor's Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	ry Termination		
☐ Yes ■ I	NO							• 1	None	☐ Uterii	ne Perforation		
								☐ I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	Vo	If viable, medical	reason for term	nination:				₁	nfection	☐ Retair	ned Products		
								_					
D-4h-1i1i-	_4:	If14							Other (Spec	nJy)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									on of pregnancy resu	It in a maternal death?		
								☐ Yes	s 🔳 No)			
				Type o	of Termin	nation Procedu	ires						
Procedure that Term	inated	l Pregnancy				Additional F	rocedur	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medica	l (Nonsu	rgical) N	//////////////////////////////////////	e			
☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec				
Wedlear (Tvolise	irgica	i) Other (specify)				Wiedica	(1101130	ingical) C	other (Spee)	997			
		uction Curettage Ienstrual Aspiration				Medica	l (Surgio	al) Sucti	on Curettag strual Aspir	ge ration			
Medical (Surgio									r (Specify)	lation			
Ear Madical (Surgice	1)	ocedures, answer the fol	llavvina avastia			For Madical	(Cumai a	a1) mma a a a	lumas amarri	on the fellowing gue	ation		
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	le or l ■ No	have a post fertilization	age at least 20	weeks?			tus viabl Yes [a post fert	ilization age at least	20 weeks?		
	_	as answered yes, compl	ata tha followi	na augstions	c	If the pravio	ne anget	ion was a	nessiarad via	es, complete the follo	owing questions		
				ng questions	S.		_		-	-	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				tus giveı Yes [_	opportunit	y to survive?			
What was the basis	ford	etermination that the pr	egnant woman	had a condi	ition	_	_		mination 4	hat the pregnant won	nan had a condition		
that required the pr		ire to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
Date last normal men		-		Physician	estimate	e of gestation	in week.	s)	Post fe	rtilization age of the	fetus (in weeks)		
II		2/14/2015		- 49		7				5			
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	iea!									
22110100014D													
Full name of physici	an no	rforming termination											
DR. CAROL DELLI	_	-											
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/21/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termina MONROE								
Dations' **			Dotf		otic	F 1	tion						
Patient's age** 18	Marrie [d Yes No	Date of pregr	02/04/2016		Educa	ition			th, No Diplom	а		
Race American Indian Native Hawaiian			Asian White	Black o	or Africa	nn American	☐ Unknov	wn		, nnic or Latino Hispanic or Lati	no	Unknown	
Live Births:	N	umber now living	0				Number no	ow de	ceased	0			
Other Termination	s: N	umber of spontaneou	us terminations				Number of	of indu	ced termi	nations 0			
Dates of termination			v	, ,,		st recent.)							
Fetus delivered alive		If yes, length of ti			4	·		5	Complic	eation(s) of Pres	gnancy	Termination	
Yes Yes		ii yes, lengtii oi ti	ine retus sur viv	veu.				■ N	one	П 1	Uterine	Perforation	
								_	emorrhag			l Laceration	
Fetus viable?		If viable, medical	reason for term	nination:					Č				
Yes • 1	No							∐ In	fection	□ I	Retaine	d Products	
								□ o	ther (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No										result	in a maternal death?	
] Yes	■ No)			
						ningting December 2							
				Type of	f Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy				Additional P	rocedure that	at Tern	ninated Pr	regnancy			
Medical (Nonsu							(Nonsurgica						
Medical (Nonsu							(Nonsurgica (Nonsurgica						
Medical (Surgio	al) Suc	tion Curettage				☐ Medical	(Surgical) S	Suction	n Curetta	me .			
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical) I	Menst	rual Aspi				
Medical (Surgio	cal) Oth	er (Specify)					(Surgical)	Other	(Specify)				
												_	
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav □ No	e a post fertilization	age at least 20	weeks?		_	us viable or Yes \[\] N		a post fert	ilization age at	least 20) weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.	3.	If the previou	us question w	was an	iswered ye	es, complete the	follow	ring questions.	
	_	st opportunity to surv	vive?						opportunit	y to survive?			
	☐ No					_	Yes N						
		ermination that the p to avert death or ser										n had a condition ent to the pregnant	
woman?						woman?							
Date last normal me	_			Physician (estimate	of gestation (in weeks)		Post fe	rtilization age o		etus (in weeks)	
How were the gestat		10/2015 e and post fertilization		7					5				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER												
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
200 G. WILKIDIAN	O 1 , 11ND												
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):									

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PI	PCSI) (MONROE CO.) - 42	EGE	GE City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					•				
Patient's age**	7.	. ,	Date of pregn	ancy termin	nation	Educa	tion						
40	Mar	ried Yes No		nancy termin 02/04/2016		Educa	iliOII		9th-12	th, No Diploma			
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American	Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination _{1.} 05/2001	s (Do	not include this termina		than six (6),		ost recent.)		5		6			
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnar	ncy Termination		
☐ Yes ■ I	No							• 1	None	☐ Uter	ine Perforation		
								П	Hemorrhag	e \square Cerv	vical Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:					nfection		nined Products		
les l	NO									_	lined Froducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										sult in a maternal death?		
								☐ Yes	s 🔳 No	0			
				Type o	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
☐ Medical (Nonsu	ırgica					☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec				
iviedicai (Nolisc	iigica	i) Other (specify)				Wiedicai	(Ivolisu	igicai) C	other (spec	ijy)			
		uction Curettage				Medical	(Surgic	al) Sucti	on Curetta strual Aspir	ge			
Medical (Surgio		Ienstrual Aspiration Other (Specify)							struai Aspii r (<i>Specify)</i>	ration			
EM-4:1 (C	-1\		11 :			F M - 4:1	(C:-	1)	L				
	_	ocedures, answer the fol				For Medical (Surgical) procedures, answer the following question.							
	le or l ■ No	have a post fertilization	age at least 20	weeks?			us viabl Yes 🛭		a post fert	ilization age at leas	st 20 weeks?		
If the previous quest	ion w	as answered yes, compl	lete the followi	na auestions	c	If the previou	is anesti	on was a	newered ve	es, complete the fol	lowing questions		
				ng questions	·.	•	•		•	•	lowing questions.		
Was the fetus giver ☐ Yes [best opportunity to surv	rive?				us given Yes 🔲	_	opportunit	ty to survive?			
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he hasis	for deter	mination t	hat the pregnant we	oman had a condition		
that required the pr		ire to avert death or seri				that require					rment to the pregnant		
woman?						woman?							
						I							
Date last normal men		-		Physician	estimate	e of gestation (in weeks	:)	Post fe	rtilization age of th	· ·		
How were the gestat	2/11/2015 age and post fertilization	l ned?		8				6					
ULTRASOUND	.01141	and post returnedito	450 4010111111										
Full name of physici DR. CAROL DELLI	_	rforming termination											
	-	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, IN	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	BLOOMINGTON MONROE					•			
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educa	ntion				
15	Mai	ried ☐ Yes ■ No		02/04/2016		Educa			8th C	Grade or Less	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	1				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termina	ation. If more t	than six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ I	No							• 1	None	☐ Uterin	ne Perforation
								П	Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ I	nfection	□ Patair	ned Products
l ies 🗐 i	NO							_			led Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this	s terminatio	on of pregnancy resu	It in a maternal death?
								☐ Yes		0	
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancv	
_		•								•	
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol		
		l) Other (Specify)							Other (Spec		
☐ Medical (Surgic	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	σe	
☐ Medical (Surgion)	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration	
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viahl	e or have	a post fert	ilization age at least	20 weeks?
	No		uge at least 20	weeks:			Yes [a post tert	inzation age at least	20 Weeks.
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.
W 4h - 6-4i	. 41		:9				_		-	_	
Was the fetus gives Yes		best opportunity to surv	146;				us giver Yes [_	opportunit	ty to survive?	
What was the basis	s for d	letermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant won	nan had a condition
that required the pr		are to avert death or seri				that require				th or serious impairs	
woman?						woman?					
1						<u> </u>					
Date last normal mer		•		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)
TT -3		11/23/2015	• . •	10		7				5	
=	How were the gestational age and post fertilization age determined? LTRASOUND										
CETTAGOOND											
Fall and Colored											
Full name of physici DR. CAROL DELLI	_	rforming termination R									
		orming termination (num	mber and stree	t, city, state,	, and zip	code)					
	-	NDIANAPOLIS, IN 46									
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/21/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** 29	Mar	ried Yes No	Date of pregn	nancy termina 02/04/2016		Educa	tion		Mas	ter's Degree			
Race American Indiana Native Hawaiian o	or Ot	ner Pacific Islander	Asian White	☐ Black o	or Africa	an American	☐ Uni	known		nic or Latino Iispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0			
Dates of terminations	(Do	not include this termina	,	han six (6), t	those mo	ost recent.)							
1		2				4		5	Complic	ation(s) of Pregnan	cy Termination		
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	red:				_ ,	•	_			
								_	None	_	ine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🗌 Cerv	ical Laceration		
☐ Yes ■ N	O							☐ I	nfection	☐ Reta	ined Products		
									Other (Spec	ify)			
Pathological examinate performed?	tion	If yes, results:											
Yes N	lo							Did this	terminatio	on of pregnancy res	ult in a maternal death?		
								☐ Yes					
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsur									lifepristone	e			
Medical (NonsurMedical (Nonsur									Iisoprostol ther (<i>Speci</i>	ify)			
	0	, (1 33)				_		,	, 1	,,,			
	1) 0	· · · · · · · · · · · · · · · · · · ·					(C :	1) 0	G "				
	d) M	lenstrual Aspiration				☐ Medical	(Surgical	al) Mens	on Curettag strual Aspir				
Medical (Surgica	ıl) O	ther (Specify)				☐ Medical	(Surgica	al) Other	(Specify)				
For Medical (Surgical	l) pro	cedures, answer the fol	lowing question	on.		For Medical	(Surgica	l) proced	ures, answ	er the following qu	estion.		
		ave a post fertilization a	age at least 20	weeks?					a post ferti	ilization age at leas	t 20 weeks?		
☐ Yes ☐	No						Yes [] No					
If the previous question	on wa	as answered yes, comple	ete the following	ng questions	-	If the previou	is questi	on was a	nswered ye	s, complete the foll	owing questions.		
Was the fetus given Yes		est opportunity to survi	ve?				us given Yes [opportunit	y to survive?			
		etermination that the pro	agnont woman	had a condit	tion		_		mination th	not the prognent wo	man had a condition		
that required the pro		re to avert death or seri-				that required the procedure to avert death or serious impairment to the pregnant							
woman?						woman?							
Date last normal mens		egan 2/15/2015		Physician	estimate	e of gestation (i	n weeks	·)	Post fer	rtilization age of the	e fetus (in weeks)		
How were the gestation		2/15/2015 age and post fertilization	n age determin	l ned?		U				4			
ULTRASOUND	LTRASOUND												
Full name of physicia	_	-											
DR. CAROL DELLIN		orming termination (num	nber and stree	t, citv. state	and 7in	code)							
= -	_	IDIANAPOLIS, IN 462		,,, '	~~ <i>~</i> ~								
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/21/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	E City or town, of pregnancy termination County of pregnancy termin BLOOMINGTON MONROE								
Dations 2			D-4 C		-4:	1 = 1	-4:-						
Patient's age** 24	Marrie [ed Yes No	Date of pregr	02/04/2016		Educa	ation			2th, No Diploma	l		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	nn American	☐ Unk	cnown		y anic or Latino Hispanic or Latin	0	Unknown	
Live Births:		umber now living	0					er now d		0			
Other Termination	s: N	umber of spontaneou		3			Numbe	er of ind	uced termi	nations			
Dates of termination	s (Do no	ot include this termin	ation. If more t	than six (6), t	those mo	ost recent.)				0			
1		2			4	l		5	C1:	6	7	Pii	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:						cation(s) of Pregr	•		
								■ N	None	∐ U	terine l	Perforation	
Fetus viable?		If viable, medical	reason for term	nination:				☐ F	Hemorrhag	e 🗆 C	ervical	Laceration	
☐ Yes ■	No							☐ I	nfection	☐ R	etained	l Products	
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed? Yes	No							Did this	s termination	on of pregnancy	result i	n a maternal death?	
								☐ Yes					
Type of Termination Procedures													
Procedure that Term	inated F	regnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu									//////////////////////////////////////				
Medical (Nonsu									Aisoprostol Other (Spec				
Medical (Surgional Control Contro	nol) Sug	tion Curattaga				☐ Medical	(Surgice	1) Custi	on Curetta				
☐ Medical (Surgio	cal) Me	nstrual Aspiration				☐ Medica	(Surgica	al) Mens	strual Aspi				
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical	l) proced	lures, answ	ver the following	questi	on.	
	le or hav	ve a post fertilization	age at least 20	weeks?			tus viable Yes 🗀		a post fert	tilization age at le	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previo	us questic	on was a	nswered ye	es, complete the	followi	ng questions.	
	_	st opportunity to surv	vive?						opportuni	ty to survive?			
	」No	amaination divid	wa can c == t	. hod - "	itia	_] No	mair	hot the		had a ""	
that required the pr		ermination that the part to avert death or ser				that require				hat the pregnant ath or serious imp		nt to the pregnant	
woman?						woman?							
Date last normal me	_	an (13/2015		Physician	estimate	of gestation (in weeks,)	Post fe	ertilization age of	the fet	us (in weeks)	
How were the gestat			11					J					
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
	,	,											
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		_EGE (City or town, of pregnancy termination County of pregnancy term BLOOMINGTON MONROE					•				
	Ī					1							
Patient's age** 22	Marrie [ed Yes No	Date of pregr	02/04/2016		Educa	ation	ŀ		ool Diploma or Gl	ED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	nn American	☐ Unk	known		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		lumber now living						er now d		0			
Other Termination	s: N	lumber of spontaneou		,			Numbe	er of ind	uced termi				
Dates of termination	s (Do no	ot include this termin	v	than six (6), t		ost recent.)		5		6			
Fetus delivered alive	 e?	If yes, length of ti							Compli	cation(s) of Pregna	ncy Termination		
☐ Yes ■	No							■ N	None	☐ Ute	erine Perforation		
								П	Hemorrhag	e \square Cer	vical Laceration		
Fetus viable? Yes	N.o.	If viable, medical	reason for term	nination:					nfection	_	rained Products		
	INO									_	amed Floducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No									1 0	esult in a maternal death?		
								☐ Yes	s ■ N	0			
						mination Proceedures							
Type of Termination Procedures													
Procedure that Term	inated F	regnancy				Additional P	rocedure	that Ter	minated Pi	regnancy			
Medical (Nonsu									lifepriston				
Medical (Nonsu									lisoprostol ther (Spec				
	,								` *				
Medical (Surgion Medica		tion Curettage nstrual Aspiration							on Curetta strual Aspi				
Medical (Surgio	cal) Oth	er (Specify)							(Specify)				
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgical	l) proced	ures, answ	ver the following q	uestion.		
Was the fetus viab	le or hav	ve a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No	r					Yes						
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	S.	If the previous	us questic	on was a	nswered ye	es, complete the fo	ollowing questions.		
	n the be	st opportunity to surv	vive?					the best	opportuni	ty to survive?			
		ermination that the p	regnant women	n had a condi	ition	_		_	mination f	hat the prespent	roman had a condition		
that required the pr		to avert death or ser				that require					irment to the pregnant		
woman?						woman?							
Date last normal me	-	gan /08/2015		Physician	estimate	of gestation (in weeks,)	Post fe	=	he fetus (in weeks)		
How were the gestat		8					5						
ULTRASOUND			<u> </u>										
Full name of physici DR. CAROL DELLI	NGER	_											
Address of physician	-	-		et, city, state,	and zip	code)							
200 S. MERIDIAN	ı, INL	MANAFULIO, IN 40	DZZU										
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termin MONROE					•	
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	tion				
Patient's age** 24	Maı	ried ☐ Yes ■ No		nancy termir 02/04/2016		Educa	LIOII		9th-12	th, No Diploma	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Uni	known		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations	
		not include this termina	0 ation. If more t	than six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination
☐ Yes ■ I	No							• 1	None	☐ Uter	ine Perforation
								П	Hemorrhag	e □ Cerv	vical Laceration
Fetus viable?	NT _	If viable, medical	reason for term	nination:							
☐ Yes ■ I	NO							∐ I	nfection	☐ Reta	ined Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did thi	s terminatio	on of pregnancy res	ult in a maternal death?
								☐ Ye		0	
				Type o	nation Procedu	res					
Procedure that Term	ineta	1 Pregnancy			Additional P		that Ta	minated D	eanancy		
		•								•	
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol		
		l) Other (Specify)							Other (Spec		
——————————————————————————————————————	1) 0	· · · · · · · · · · · · · · · · · · ·					/G :	1) 0 (- C #		
		uction Curettage Menstrual Aspiration				Medical Medical	(Surgical Surgical Control of Surgical Control	al) Sucti al) Mens	on Curetta strual Aspir	ge ration	
☐ Medical (Surgio									r (Specify)		
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures answ	er the following qu	estion.
	_						_	_			
	le or h	nave a post fertilization	age at least 20	weeks?			us viable Yes		a post fert	ilization age at leas	t 20 weeks?
If the pravious quest	ion w	as answered was sompl	ata tha fallowi	na quastion	0	If the proviou	is anosti	On Woo o	nervored w	os acompleta the fol	lowing questions
ii the previous quest	ion w	as answered yes, compl	ete the followi	ng question	S.	ii tile previot	is questi	on was a	iiswered ye	es, complete the fol	lowing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us given Yes [_	opportunit	ty to survive?	
	_					_	_	_			
		letermination that the pa are to avert death or seri									oman had a condition rment to the pregnant
woman?			•			woman?	•			•	1 0
Date last normal men	nsec l	negan		Physician	estimate	e of gestation (in wook	:)	Poet fo	rtilization age of th	e fetus (in wooks)
Succession normal men		12/22/2015		Tiysician	. comman	6	WEENS	'/	1 031 10	4	·
How were the gestat	ned?				1						
ULTRASOUND											
	_	rforming termination									
DR. CAROL DELLI					1 .	I - \					
	-	orming termination (num		t, city, state,	, and zip	code)					
	۰, ۱۱ 										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/21/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PP0		1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
Patient's age**	Marri	ed Yes No	Date of pregn	nancy termina	ation	Educa	tion		9th-12	th, No Diploma	
Race American Indiana o		aska Native [☐ Asian ■ White	_	or Africa	an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown
Live Births:	1	Number now living	1				Numb	er now d	eceased	0	
Other Terminations:	1	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0	
Dates of terminations (Do n	ot include this termina		than six (6), ti	hose mo	ost recent.)					
1		2				4		5	Complia	eation(s) of Pregna	and Tampination
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus surviv	ved:					•	_	•
									None	_	rine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cer	vical Laceration
☐ Yes ■ No)							☐ I	nfection	Ret	ained Products
									Other (Spec	cify)	
Pathological examinati performed?	ion	If yes, results:									
Yes No	O							Did this	s terminatio	on of pregnancy re	sult in a maternal death?
								☐ Ye	s 🔳 No)	
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone											
☐ Medical (Nonsurg ☐ Medical (Nonsurg									Aisoprostol Other (Spec		
_	, ,	(1))				_	`	0 /	\ 1		
☐ M 1: 1/G : 1		· · · · · · · · · · · · · · · · · · ·					(C :	1) (1)	- C #		
) Me	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspin		
Medical (Surgical) Ot	her (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical)	proc	edures, answer the fol	lowing question	on.		For Medical	(Surgica	ıl) procec	lures, answ	er the following qu	uestion.
		ve a post fertilization a	ige at least 20	weeks?					a post fert	ilization age at lea	st 20 weeks?
☐ Yes ■	No					``	Yes [」No			
If the previous question	n was	s answered yes, comple	ete the followi	ng questions.		If the previou	is questi	ion was a	nswered ye	es, complete the fo	llowing questions.
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
What was the basis for	or de	termination that the pro	egnant woman	had a condit	tion	What was th	he basis	for deter	mination th	hat the pregnant w	oman had a condition
		e to avert death or serie									irment to the pregnant
woman:						woman:					
Date last normal mense		gan /24/2015		Physician 6	estimate	e of gestation (i	n weeks	5)	Post fe	rtilization age of th 8	
How were the gestation			n age determin	ned?		-					
ULTRASOUND	LTRASOUND										
Full name of physician DR. CAROL DELLING	_	-									
Address of physician p			nber and stree	t, city, state, d	and zip	code)					
200 S. MERIDIAN ST	Γ, INI	DIANAPOLIS, IN 462	225								
**Date Reported to	DCS	5, if Patient under 14	(month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 S AVENUE, BLOOMINGTON, IN, 47403	SOUTH COLLEGE City or	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
		T = :								
23 Yes No	oate of pregnancy termination 02/05/2016	Education		ollege, No Degree						
	Asian Black or Afric			y anic or Latino Hispanic or Latino						
Live Births: Number now living	1	Nui	mber now deceased	0						
Other Terminations: Number of spontaneous t	erminations 0	Nui	mber of induced termi	-						
Dates of terminations (Do not include this termination).	on. If more than six (6), those n	nost recent.)	5.	6.						
Fetus delivered alive? If yes, length of time			Complic	cation(s) of Pregnancy Termination						
☐ Yes ■ No			■ None	☐ Uterine Perforation						
Fetus viable? If viable, medical rea	son for termination:		Hemorrhag	e Cervical Laceration						
☐ Yes ■ No			☐ Infection	Retained Products						
Pathological examination If yes, results:			Other (Spec	cify)						
performed?			Diddie termineti							
res 🕒 no			Yes N	on of pregnancy result in a maternal death?						
	Type of Term	ination Procedures								
Procedure that Terminated Pregnancy	regnancy									
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol		☐ Medical (Non	surgical) Mifepriston surgical) Misoprostol	1						
Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgical) Suction Curettage		Madical (Sure	gical) Suction Curetta							
		☐ Medical (Surg	gical) Suction Curetta gical) Menstrual Aspi gical) Other (Specify)	ration						
Medical (Surgical) Outer (Speetgy)		Wedlear (Surg	gical) Ouler (specify)							
For Medical (Surgical) procedures, answer the follow	wing question.	For Medical (Surg	ical) procedures, answ	ver the following question.						
Was the fetus viable or have a post fertilization ago	e at least 20 weeks?	Was the fetus via	able or have a post fert	tilization age at least 20 weeks?						
Yes No	4 6 9	Yes								
If the previous question was answered yes, complete			·	es, complete the following questions.						
Was the fetus given the best opportunity to survive ☐ Yes ☐ No	5 <i>?</i>	Yes Yes	ven the best opportunit No	ty to survive?						
What was the basis for determination that the preg- that required the procedure to avert death or seriou				hat the pregnant woman had a condition ath or serious impairment to the pregnant						
woman?	1	woman?	r	1						
Date last normal menses began	Physician estima	te of gestation (in wee	eks) Post fe	ertilization age of the fetus (in weeks)						
11/26/2015	·	10	1 031 10	8						
How were the gestational age and post fertilization a ULTRASOUND	ge determined?									
L										
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (numb		p code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 4622	o 									
**Date Reported to DCS, if Patient under 14 (a	month day year!									
Date Reported to Des, it ration under 14 ()	понт, шиу, уешт.			_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Addr PLANNED PARENTHOOD (AVENUE, BLOOMINGTON,	ress (PPCS IN, 47	SI) (MONROE CO.) - 42 1403	1 SOUTH COLL	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE									
Patient's age** M	r •	<u>. </u>	Date of prece	ancy termination	on .	Educa	tion						
20 M	Iarrie	d Yes I No		02/10/2016	<i>7</i> 11	Luuca	aon		Some Co	ollege, No	Degree		
Race American Indiana or Native Hawaiian or	Other	Pacific Islander	Asian White	☐ Black or A	African An	nerican		nknown	Not H	nic or Lati		Unkno	own
Live Births:	Nı	ımber now living	0				Numl	ber now d	eceased	0			
Other Terminations:	Nı	ımber of spontaneou	s terminations 0				Numb	ber of ind	uced termin	nations 0			
Dates of terminations (L	Оо по	t include this termino	tion. If more t	han six (6), thos	se most red	cent.)							
I	2.	TC 1 (1 C)	3	1	4			5	Complic	ation(s) of	6	y Termination	
Fetus delivered alive? Yes No		If yes, length of tir	ne tetus surviv	ea:					_	ation(3) of	_		
									None	L	_	e Perforation	
Fetus viable?		If viable, medical i	eason for term	ination:				LJ	Hemorrhage	e L	_ Cervio	cal Laceration	
☐ Yes ■ No									nfection		Retain	ned Products	
									Other (Spec	ify)			
Pathological examination performed?	n	If yes, results:											
Yes No										on of pregn	ancy resul	It in a materna	l death?
								☐ Yes	s 🔳 No)			
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone													
☐ Medical (Nonsurgion Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical (Nonsurgio Medical						☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical)	Suct	ion Curattaga			_ _	Medical	(Surgic	nal) Sucti	on Curettag				
☐ Medical (Surgical)	Men	strual Aspiration				Medical	(Surgic	cal) Mens	strual Aspir				
Medical (Surgical)	Othe	er (Specify)				Medical	(Surgic	cal) Other	r (Specify)				
For Medical (Surgical) p	proce	dures, answer the fol	lowing question	n.	For	Medical (Surgica	al) proced	lures, answ	er the follo	wing ques	stion.	
Was the fetus viable of		e a post fertilization	age at least 20	weeks?	W	_	_	_	ve a post fertilization age at least 20 weeks?				
☐ Yes ■						_	Yes [
If the previous question	was a	answered yes, compl	ete the following	ng questions.	If th	e previou	s quest	ion was a	nswered ye	es, complete	e the follo	wing question	S.
Was the fetus given th ☐ Yes ☐ I		t opportunity to surv	ve?		W		us givei Yes [opportunit	y to surviv	e?		
What was the basis for		rmination that the pr	egnant woman	had a condition	, w	_			mination th	nat the pred	nant won	nan had a cond	ition
that required the proce					nt tha	at require						nent to the pre	
woman?					l wo	oman?							
									1-				
Date last normal menses	_	nn 07/2015		Physician esti		estation (i 13	n week.	s)	Post fer	rtilization a	ge of the	fetus (in week.	5)
How were the gestationa	How were the gestational age and post fertilization age determined?												
JLTRASOUND													
Full name of physician p DR. CAROL DELLING	_	ming termination			_			_	_		_		
Address of physician pe		ning termination (nur	nber and street	t, city, state, and	d zip code))							
200 S. MERIDIAN ST,		-											
**D)CC	CD (
**Date Reported to D	JCS,	11 Patient under 14	(month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** 26	Marri	ed □ Yes ■ No	Date of pregn	nancy termina	ation	Educa	tion		9th-12	th, No Diploma			
Race American Indiana o	or Ala	ska Native	☐ Asian ■ White	_	or Africa	an American	☐ Un	known	Ethnicity Hispa		☐ Unknown		
Live Births:	N	Jumber now living	2				Numb	er now d	eceased	0			
Other Terminations:	N	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0			
Dates of terminations (Do n	ot include this termina		than six (6), ti	hose mo	ost recent.)				-			
1	_	2				4		5	Complia	eation(s) of Pregnan	av Tamaination		
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus surviv	ved:					•	_			
								• 1	None	∐ Uter	ine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				I	Hemorrhage	e 🗌 Cerv	rical Laceration		
☐ Yes ■ No)							☐ I	nfection	Reta	ined Products		
									Other (Spec	cify)			
Pathological examinati	on	If yes, results:											
performed? ☐ Yes ■ No)							Did this	s terminatio	on of pregnancy res	ult in a maternal death?		
								☐ Yes			un in a maternar death.		
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone													
☐ Medical (Nonsurg	ical)	Misoprostol					(Nonsu	rgical) N	/lisoprostol				
☐ Medical (Nonsurg	icai)	Other (specify)				Wiedicai	(Nonsu	rgicai) C	Other (Spec	yy)			
Medical (Surgical)Medical (Surgical)									on Curettag				
Medical (Surgical)									r (<i>Specify</i>)	lation			
For Medical (Surgical)	proc	edures answer the foll	owing questic	on		For Medical	Survica	al) proced	lures answ	er the following au	estion		
_	_	ve a post fertilization a				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes Yable 6		ve a post tertifization a	ige at least 20	weeks?			Yes [a post tert	mzanon age at leas	1 20 weeks?		
If the previous question	n was	answered yes, comple	ete the following	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the fol	lowing questions.		
Was the fetus given t	he he	st opportunity to survi	ve?			Was the fet	us oiver	the best	opportunit	y to survive?			
Yes Yes		st opportunity to survi					Yes [оррогили	y to survive.			
		ermination that the pro									man had a condition		
that required the proc woman?	edure	e to avert death or serie	ous impairmer	nt to the pregi	nant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant		
Date last normal mense	ac bar	ran		Physician	ectimat	e of gestation (i	n wast-	e)	Doct for	rtilization age of th	e fetus (in weeks)		
Date last normal mellst		/12/2015		1 mysiciani t	commatt	9	n weeks	"	1 OSt 16.	7 runzation age of th	c icius (iii weeks)		
=	How were the gestational age and post fertilization age determined?												
ULTRASOUND	-I KASOUND												
Full name of physician DR. CAROL DELLING	-	orming termination											
Address of physician p		ming termination (nun	ber and stree	t, city, state, o	and zip	code)							
200 S. MERIDIAN ST	, INE	DIANAPOLIS, IN 462	225										
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (E City or town, of pregnancy termination BLOOMINGTON County of pregnancy terminat MONROE					•			
Dations 2			D-4 C		-41.	F 1	4:						
Patient's age** 19	Marrie [ed Yes • No	Date of pregr	02/11/2016		Educa	ition		2th, No Diploma				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unknown		y panic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		umber now living	0	—			Number nov		0				
Other Termination	s: N	umber of spontaneou		1			Number of i	nduced term	inations				
Dates of termination	s (Do no	ot include this termin	v	than six (6), t		st recent.)	5.		0 6				
Fetus delivered alive	e?	If yes, length of ti						Compli	cation(s) of Pregnan	cy Termination			
Yes I	No							None	☐ Uter	ine Perforation			
								Hemorrha	ge 🔲 Cerv	ical Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				Infection	_	ined Products			
	110								_	med Froducts			
D. I. I. I. I.		7C 1:						Other (Spe	ecify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No								1 0	ult in a maternal death?			
							<u> L </u>	Yes ■ N	10				
				Tr	f Torreis	ation Dressal	ures						
p : : =				1 ype o	ı rennın	ation Procedu							
Procedure that Term	inated P	regnancy				Additional P	rocedure that T	erminated P	regnancy				
☐ Medical (Nonsu☐ Medical (No							(Nonsurgical)						
Medical (Nonsu							(Nonsurgical)						
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgical) Su	ction Curetta	age				
	cal) Me	nstrual Aspiration					(Surgical) Mo (Surgical) Ot	enstrual Asp	iration				
Wedicai (Surgio	zai) Oui	ei (specijy)				Wiedicai	(Surgical) Of	nei (specijy)	'				
	1)	1 .1 .6	11			For Medical (Surgical) procedures answer the following question							
For Medical (Surgice	al) proce	edures, answer the fo	ollowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav No	e a post fertilization	age at least 20	weeks?			us viable or ha Yes No	ve a post fer	tilization age at leas	t 20 weeks?			
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previou	us question was	s answered y	ves, complete the followers	owing questions.			
	n the bea	st opportunity to surv	vive?				us given the bo	est opportuni	ity to survive?				
What was the basis	s for det	ermination that the p	regnant woman	n had a condi	ition	What was t	he basis for de	termination	that the pregnant wo	man had a condition			
that required the programmer woman?	rocedure	to avert death or ser	rious impairmer	nt to the preg	gnant	that require woman?	d the procedur	e to avert de	ath or serious impair	ment to the pregnant			
Date last normal me	nega ka-	an		Dhyaisias	actimat-	of gestation (in wasta)	Doot f	ertilization age of the	a fatus (in waska)			
Date last normal file	_	(01/2015		1 Hysiciali	commate	10	in weeks)	1 081 1	erunzation age of the	cicus (in weeks)			
How were the gestat	ional ag	e and post fertilization	on age determin	ned?									
ULTRASOUND													
Full name of physicia	an norf	rming tormination											
Full name of physici	NGER	-	, .										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip o	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (BLOOMING I ON MO				cy termination				
Dations 2			D-4 C		-41.	l p. 1	4:						
Patient's age** 22	Marrie [ed Yes No	Date of pregr	02/11/2016		Educa	ition		sociate Degree				
Race American Indian Native Hawaiian			☐ Asian ■ White	Black of Other	or Africa	n American	Unknowi		panic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	N	umber now living	0				Number nov	v deceased	0				
Other Termination	s: N	umber of spontaneou		i			Number of i	nduced term					
Dates of termination			•	, ,,		st recent.)	<u> </u>						
Fetus delivered alive		If yes, length of ti			4.	-	3	Compl	ication(s) of Pregnanc	cy Termination			
Yes I		in yes, lengar or a	ino recus sur viv					None	☐ Uterii	ne Perforation			
										cal Laceration			
Fetus viable?		If viable, medical	reason for term	nination:					_				
☐ Yes ■ 1	No							Infection	∐ Retar	ned Products			
								Other (Spe	ecify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									alt in a maternal death?			
								Yes I N	Мо				
				Tu	f Torre	ation Decs-1	rac						
				1 ype of	ı rermin	ation Procedu							
Procedure that Term	inated P	regnancy				Additional P	rocedure that 7	Terminated I	Pregnancy				
Medical (Nonsu							(Nonsurgical)						
Medical (Nonsu							(Nonsurgical)						
Medical (Surgional Control Contro	cal) Suc	tion Curettage				Medical (Surgical) Suction Curettage							
	cal) Mei	nstrual Aspiration					(Surgical) M	enstrual Asp	iration				
Wiedicai (Surgio	Zai) Oui	ет (зресіду)				☐ Medical (Surgical) Other (Specify)							
EM-4:1 (C:	-1)	- 1 41 - £-	11			For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgice	_					For Medical (Surgical) procedures, answer the following question.							
	le or hav No	e a post fertilization	age at least 20	weeks?			us viable or ha Yes \text{No}	ive a post fe	rtilization age at least	20 weeks?			
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	8.	If the previou	ıs question wa	s answered	yes, complete the follo	owing questions.			
	n the bes	st opportunity to surv	vive?				us given the b Yes No	est opportun	ity to survive?				
	_	ermination that the p	regnant woman	n had a condit	ition	_	_	termination	that the pregnant wor	nan had a condition			
		to avert death or ser							eath or serious impair				
woman:						woman:							
Data last normal	nees ba-			Dhyminia	actimat-	of gentation (in washa)	Doot 4	Cartilization acc of the	fotus (in weeks)			
Date last normal me	_	an (22/2015		rnysician	esumate	of gestation (ın weeks)	POSť I	ertilization age of the 10	icius (in weeks)			
How were the gestat	ional ag	e and post fertilization	on age determin	ned?									
ULTRASOUND													
Full name of physicia	an norf-	rming tarmination											
Full name of physici	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		t, city, state,	and zip o	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):									

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PLANNÉD PARENTHO	racility Name and Address ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnance						BLOOMING I ON						
Patient's age**	١,,	. ,	Date of proces	ancy termi-	nation	Educ	ation						
Patient's age** 27	Mari	ried ■ Yes		1ancy termii 02/11/2016		Educ	auon		Bach	elor's Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	Uı	nknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Num	ber now d	eceased	0			
Other Termination	ıs:	Number of spontaneou					Num	ber of ind	uced termin				
Dates of termination	ns (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination		
	110							■ 1	None	☐ Uterii	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				- I	Hemorrhago	e 🔲 Cervi	cal Laceration		
Yes Tells Viable:	No	ii viabic, incuicar	reason for term	imation.				□ I	nfection	Retain	ned Products		
									Other (Spec	rify)			
Pathological examin	ation	If yes, results:							(~ <i>I</i>	-357			
performed?		2 , 22, 22222											
☐ Yes ■	No							Did this			It in a maternal death?		
		I						, —					
				Tr	of Torres!	nation Drass 1	lroc.						
				1 ype o	or rermi	nation Proced							
Procedure that Term	inated	Pregnancy				Additional I	Procedui	e that Ter	minated Pr	regnancy			
Medical (Nonsu						☐ Medica	l (Nonsi	urgical) N	lifepriston	e			
Medical (Nonsu Medical (Nonsu		Other (Specify)				☐ Medica	1 (Nonsi 1 (Nonsi	urgical) N urgical) C	Aisoprostol Other (Speci	ify)			
Madiant (Commit	1\ C-					□ Madia	1 (С:	gical) Suction Curettage					
☐ Medical (Surgio	cal) M	action Curettage Tenstrual Aspiration					l (Surgi	cal) Mens	strual Aspir				
Medical (Surgio	cal) O	ther (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab	le or h	ave a post fertilization	age at least 20	weeks?		Was the fe	tus viab	le or have	a post fert	ilization age at least	20 weeks?		
☐ Yes [C				Yes [1	C			
If the previous quest	tion wa	as answered yes, comp	lete the followi	ng question	s.	If the previo	us ques	tion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus give	n the b	est opportunity to surv	rive?			Was the fe	tus give	n the best	opportunit	y to survive?			
☐ Yes [Yes [**	•			
		etermination that the pr								hat the pregnant won			
that required the pro- woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that requir woman?	ed the p	rocedure t	o avert dea	th or serious impair	ment to the pregnant		
Dili				DI · ·		C	<i>,</i>	,	B : 2	/tj: /* 0.5	<u> </u>		
Date last normal me		egan 2/15/2015		Physician	ı estimat	e of gestation 8	(in week	is)	Post fe	rtilization age of the 6	ietus (in weeks)		
How were the gestat		age and post fertilization	n age determin	ned?					1	<u> </u>			
ULTRASOUND													
Full name of physici	-	-											
DR. CAROL DELLI		rming termination (nu.	mher and stree	t city state	and zin	code)							
	-	IDIANAPOLIS, IN 46		., сиу, мие,	, απα ζιρ	coue,							
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):									

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Facility Name and Ad- PLANNED PARENTHOOD AVENUE, BLOOMINGTOR	D (PPC		1 SOUTH COLL	.EGE C	City or town, of pregnancy termination BLOOMINGTON					County of 1		ey termination NROE
	Marri		Date of pregn		ation	Educa	ntion					
21 Race		☐ Yes ■ No	(02/11/2016					Ethnicity			
☐ American Indiana ☐ Native Hawaiian o		-	☐ Asian ☐ White	☐ Black o ■ Other	or Africa	an American	☐ Unkno	own		nic or Latino Iispanic or L		Unknown
Live Births:	N	Number now living	0				Number n			0		
Other Terminations:	'	Number of spontaneous	0				Number o	of indu	iced termin	ations 0		
Dates of terminations		ot include this termina	tion. If more t	than six (6), th	hose mo	ost recent.)		5			6	
Fetus delivered alive?		If yes, length of tin		ved:		<u></u>		J	Complica	ation(s) of P	regnancy	y Termination
☐ Yes ■ No	О							■ N	lone		Uterin	e Perforation
Fetus viable?		If viable, medical r	reason for term	nination:				□ н	lemorrhage	· 🗆	Cervic	cal Laceration
Yes No	О	ir viaose, medicar i	cuson for term	mution.				☐ In	nfection		Retain	ed Products
								□ O	ther (Spec	ify)		
Pathological examinat performed?	tion	If yes, results:										
Yes N	О										ncy resul	t in a maternal death?
								Yes	■ No	<u> </u>		
				Type of	Termi	nation Procedu	ires					
Procedure that Termin	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone												
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)												
	greur)	outer (speegy)					(Tronsuigie	July 01	and (Speek	137		
Medical (Surgical)	1) Suc	ction Curettage				☐ Medical	(Surgical)	Suctio	on Curettas	re.		
	l) Me	nstrual Aspiration				☐ Medical	(Surgical) (Surgical)	Menst	trual Aspir			
- Medicar (Sargrea	1) 01	ior (specify)					(Burgicur)	ouici	(Speedy)			
For Medical (Surgical) proc	edures, answer the foll	lowing questic	on.		For Medical	(Surgical) n	procedu	ures, answe	er the follow	ing ques	 stion
	, I	ve a post fertilization a	<i>U</i> 1				· · · · · · · · · · · · · · · · · · ·			lization age	<i>U</i> 1	
Yes Yes		ve a post fortilization t	igo ut roust 20	weeks.			Yes \[\] N		a post forti	nzation age	at loast 2	to weeks.
If the previous question	n was	answered yes, comple	ete the following	ng questions.		If the previou	us question v	was an	iswered ye	s, complete	the follo	wing questions.
Was the fetus given		st opportunity to survi	ve?				tus given the		opportunity	y to survive?	•	
		ermination that the pro	egnant woman	had a conditi	ion	_	_		nination th	at the pregn	ant wom	an had a condition
		e to avert death or serie										nent to the pregnant
Date last normal mens				Physician e	estimate	e of gestation (in weeks)		Post fer	tilization ag		fetus (in weeks)
How were the gestation		/30/2015	age determin	ned?		11					9	
ULTRASOUND	How were the gestational age and post fertilization age determined? JLTRASOUND											
Full name of physician DR. CAROL DELLIN		orming termination										
Address of physician p		-		t, city, state, c	and zip	code)						
	,	52.5, 114 102										
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy MON				termination ROE					
Dotion4's det			Data C	2000-1	ati	F-1	tion						
Patient's age** 36	Marrie [ed Yes No	Date of pregr	02/11/2016		Educa	шоп	<u> </u>		th, No Diplom	а		
Race American Indian Native Hawaiian			☐ Asian ■ White	Black o	or Africa	n American	☐ Unkno	own		, nnic or Latino Hispanic or Lati	no	☐ Unknown	
Live Births:	N	umber now living	0				Number n	now de	eceased	0			
Other Termination	s: N	umber of spontaneou	us terminations	1			Number o	of indu	ced termi	nations 0			
Dates of termination			•			st recent.)							
Fetus delivered alive		If yes, length of ti			4	•		5	Complic	eation(s) of Pres	nancy	Termination	
Yes •		ii yes, iengui oi u	me retus surviv	reu.				■ N	•			Perforation	
								_					
Fetus viable?		If viable, medical	reason for term	nination:					lemorrhag			1 Laceration	
Yes • 1	No							∐ Ir	nfection	☐ I	Retaine	d Products	
								□ o	ther (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No										result	in a maternal death?	
								Yes	■ No)			
					c.m. :								
				Type of	1 Termin	ation Procedu							
Procedure that Term	inated P	regnancy				Additional P	rocedure tha	at Terr	ninated Pr	regnancy			
Medical (Nonsu							(Nonsurgic						
Medical (Nonsu							(Nonsurgical (Nonsurgica) (Nonsurgical (Nonsurgica) (Nons						
Medical (Surgional Control Contro	cal) Suc	tion Curettage			Medical (Surgical) Suction Curettage								
	cal) Mei	nstrual Aspiration				■ Medical	(Surgical)	Mensi	trual Aspi				
	zai) Oui	er (<i>specify</i>)				Medicai	(Surgical)	Other	(ѕресіју)				
												-	
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav ■ No	e a post fertilization	age at least 20	weeks?			us viable or Yes 🔲 N		a post fert	ilization age at	least 20) weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	s.	If the previou	us question v	was ar	nswered ye	es, complete the	follow	ring questions.	
	n the bes	st opportunity to surv	vive?				us given the		opportunit	y to survive?			
	_	ermination that the p	reanant women	had a condi	tion	_	_		mination (hat the process	t woma	n had a condition	
that required the pr		to avert death or ser				that require						ent to the pregnant	
woman?						woman?							
-				I	!				I -				
Date last normal me	_	an 08/2015		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age o	of the fe	etus (in weeks)	
How were the gestat			on age determin	ned?		-			1		-		
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-			_				_				
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)		_					
		·											
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE Ci	E City or town, of pregnancy termination County of pregnant BLOOMINGTON MC					nncy termination	
Patient's age**	1.7	:_a	Date of pregr	nancy terminat	tion	Educat	tion				
33	Marr	Yes I No		02/11/2016	1011	Educa	non		9th-12	2th, No Diploma	
Race American Indiana Native Hawaiian		-	Asian White	☐ Black or	Afric	an American	Unknow	vn		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Number no	ow de	eceased	0	
Other Terminations	s:	Number of spontaneous	s terminations 0				Number of	indu	ced termi	nations 0	
Dates of terminations	s (Do i	not include this termina	*			ost recent.)					
Fetus delivered alive	?	If yes, length of tin		red:		4		5	Complic	cation(s) of Pregnat	ncy Termination
Yes N		in yes, length of the	ic retas sur viv	cu.			-	■ N	one	☐ Ute	rine Perforation
								_	emorrhag	_	vical Laceration
Fetus viable? Yes N	Jo.	If viable, medical r	eason for tern	nination:					nfection	_	ained Products
	••0									_	amed Froducts
Pathological examina	ation	If yes, results:						_ 0	ther (Spec	cijy)	
performed?		ii yes, resuits.									
☐ Yes ■ N	No							l this Yes			sult in a maternal death?
							•				
				Type of 7	Termiı	nation Procedur	es				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsur				_	(Nonsurgica			•			
Medical (Nonsur	rgical)	Misoprostol					(Nonsurgica (Nonsurgica	1) M	isoprosto	1	
Wiedicai (Nollsui	igicai,	Other (Specify)				Wiedicai	(140iisuigica	1) 0	iliei (<i>spec</i>	<i>(yy)</i>	
	al) M	enstrual Aspiration				Medical	(Surgical) S (Surgical) M	Aens	trual Aspi		
Medical (Surgical	al) O	ther (Specify)				☐ Medical	(Surgical) C	Other	(Specify)		
For Medical (Surgica	ıl) pro	cedures, answer the following	owing question	on.		For Medical (Surgical) pro	ocedi	ures, answ	ver the following qu	uestion.
Was the fetus viable		ave a post fertilization a	ige at least 20	weeks?			us viable or h		a post fert	tilization age at lea	st 20 weeks?
		s answered yes, comple	oto the followi	na avastians		_	_		. arryama d vy	as samulate the fo	lloving questions
				ng questions.		_	_			es, complete the fo	nowing questions.
	the b No	est opportunity to survi	ve?				is given the l		opportuni	ty to survive?	
What was the basis	for de	etermination that the pro-	egnant woman	had a condition	on	What was th	ne basis for d	leteri	nination t	hat the pregnant we	oman had a condition
that required the pro woman?	ocedu	re to avert death or serie	ous impairmei	nt to the pregna	ant	that required woman?	d the procedu	ure to	avert dea	ath or serious impa	irment to the pregnant
Date last normal men	ises be	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fe	ertilization age of th	ne fetus (in weeks)
	0	1/15/2016		-		7				5	
How were the gestation	How were the gestational age and post fertilization age determined?										
CETTOTOGOTO											
Full name of physicia	an per	forming termination									
DR. CAROL DELLIN	NGEF	R	, ,		, .						
	-	rming termination (nun DIANAPOLIS, IN 462		t, city, state, ai	nd zip	code)					
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	City or town, of pregnancy termination BLOOMINGTON					County of pregnancy termination MONROE			
Patient's age**			Date of man	nanov tomeir -	tion	Educat	tion						
25	Mar	ried ☐ Yes ■ No		nancy termina 02/11/2016	uiOIl	Educat	uon	1		th, No Diploma			
Race American Indian Native Hawaiian		•	Asian White	■ Black or □ Other	r Afric	an American	Unknow	[nnic or Latino Hispanic or Latino		Unknown	
Live Births:		Number now living					Number nov			0			
Other Termination	ıs:	Number of spontaneou		1			Number of i	induce	ed termi				
Dates of termination	is (Do	not include this termina				ost recent.)							
Fetus delivered alive	-?	If yes, length of tin	ne fetus surviy			4	5	i	Complic	cation(s) of Pregna	ıncy Te	rmination	
☐ Yes ■		,,g						No	ne	☐ Ute	erine Pe	rforation	
							п	Hei	morrhag	e ∏ Ce	rvical L	aceration	
Fetus viable? Yes	No	If viable, medical r	reason for term	nination:					ection	_	tained F	Products	
									ner (Spec	_			
Pathological examin	ation	If yes, results:					\dashv \Box		ioi (spec	-957			
performed?	No						Did	thic to	arminatio	on of pregnancy re	cult in	a maternal death?	
165	110							Yes	■ No		suit iii	a maternai deam?	
				Type of	Termi	nation Procedur	res						
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that	Гегті	inated Pr	regnancy			
Medical (Nonsu							(Nonsurgical)						
		Other (Specify)					(Nonsurgical)						
		uction Curettage					(Surgical) Su						
Medical (Surgio		Ienstrual Aspiration ther (Specify)					(Surgical) M (Surgical) Ot			ration			
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab	le or h	ave a post fertilization a	age at least 20	weeks?				ave a	post fert	ilization age at lea	ast 20 w	eeks?	
☐ Yes [_	Yes No		_				
		as answered yes, comple		ng questions.		_	_		-	es, complete the fo	ollowing	g questions.	
	n the l	pest opportunity to survi	ive?				us given the b Yes \text{No}	est op	pportunit	y to survive?			
		etermination that the pro								hat the pregnant w			
that required the pro- woman?	rocedu	re to avert death or seri-	ous impairmei	nt to the pregn	nant	that required woman?	d the procedur	re to a	avert dea	th or serious impa	irment	to the pregnant	
Date last normal me	nses b	egan		Physician e	estimate	e of gestation (i	n weeks)		Post fe	rtilization age of t	he fetus	s (in weeks)	
How were the gestat		1/24/2015 age and post fertilization	n aga data mi	ned?		11					9		
ULTRASOUND	uonai	age anu post termizatioi	n age determir	ieu :									
L													
Full name of physici													
		orming termination (num	nber and stree	t, city, state, a	and zip	code)							
200 S. MERIDIAN	ST, IN	IDIANAPOLIS, IN 462	225										
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
20 Yes No	ancy termination 02/11/2016	Educa	tion		th, No Diploma			
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africe ■ Other	can American	☐ Un		anic or Latino Hispanic or Latino			
Live Births: Number now living 0			Numb	er now deceased	0			
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	-			
Dates of terminations (Do not include this termination. If more the	han six (6), those n	nost recent.)		5	6			
Fetus delivered alive? If yes, length of time fetus surviv	ed:	4		5 Complic	cation(s) of Pregnancy Termination			
☐ Yes ■ No				None	Uterine Perforation			
Fetus viable? If viable, medical reason for term	ination:			☐ Hemorrhage	e Cervical Laceration			
☐ Yes ■ No				☐ Infection	☐ Retained Products			
				Other (Spec	cify)			
Pathological examination If yes, results: performed?								
Yes No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?			
			l		S			
	Type of Term	ination Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy			
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)				rgical) Misoprostol rgical) Other (Spec				
Medical (Surgical) Suction Curettage		☐ Medical	(Surgic	al) Suction Curetta	ge			
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		☐ Medical	(Surgic	al) Menstrual Aspin al) Other (Specify)				
Medical (Surgical) Oniel (Specify)		Medical	(Surgic	ar) Omer (specify)				
For Medical (Surgical) procedures, answer the following question		For Medical (Surgica	ıl) procedures, answ	er the following question.			
Was the fetus viable or have a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ☐ No			Yes [No				
If the previous question was answered yes, complete the following	ng questions.		-	·	es, complete the following questions.			
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	ry to survive?			
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition			
that required the procedure to avert death or serious impairmen woman?	n to the pregnant	woman?	u uie pro	ocedure to avert dea	nth or serious impairment to the pregnant			
Date last normal menses began	Physician estima		in weeks	Post fe	rtilization age of the fetus (in weeks)			
12/05/2015 How were the gestational age and post fertilization age determin	ed?	6			4			
ULTRASOUND								
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (number and street	t, city, state, and zip	p code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225								
**Date Reported to DCS, if Patient under 14 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	City or town, of pregnancy termination County BLOOMINGTON					County of pregnancy termination MONROE			
Patient's age**	3.5	. ,	Date of pregr	ancy termina	ntion	Educat	tion						
40	Mar	ried Yes No		02/11/2016	adon .	Educal		Doctorate/	Professional Degre	96			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black o	or Afric	an American	Unknown	☐ Not	y panic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	1				Number now	deceased	0				
Other Termination	ıs:	Number of spontaneou	s terminations 0	i			Number of in	duced term	inations 0				
Dates of termination	is (Do	not include this termina				ost recent.)			-				
Fetus delivered alive		If yes, length of tir	3			4	5		cation(s) of Pregnand	cv Termination			
Yes Yes		if yes, length of th	ne retus surviv	ved.				None	_	ne Perforation			
								Hemorrhag	_	ical Laceration			
Fetus viable?	No	If viable, medical i	reason for term	nination:				Infection	_	ned Products			
l les 🕒	NO								_	ned Floducts			
Pathological examin	ation	If yes, results:						Other (Spe	cify)				
performed?		if yes, results:											
☐ Yes ■	No						Did th □ Y			alt in a maternal death?			
		ı											
				Type of	Termi	nation Procedur	res						
Procedure that Term	regnancy												
Medical (Nonsu						l <u></u>	(Nonsurgical)						
Medical (Nonst	urgica) Misoprostol				☐ Medical	(Nonsurgical)	Misoprosto	ol				
Medical (Nonst	urgica) Other (Specify)				iviedical	(Nonsurgical)	Omer (Spec	cijy)				
☐ Medical (Surgio	cal) N	uction Curettage Ienstrual Aspiration				☐ Medical	(Surgical) Suc (Surgical) Mer	istrual Aspi	iration				
Medical (Surgio							(Surgical) Oth						
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab		ave a post fertilization	age at least 20	weeks?			us viable or hav Yes No	e a post fer	tilization age at least	20 weeks?			
		as answered yes, compl	ete the followi	ng questions		_	_	answered v	ves, complete the follo	owing questions.			
		pest opportunity to survi		o 13000000.		_	us given the be		-				
	□ No						Yes No	opportuni	,				
		etermination that the pr							that the pregnant wor				
that required the programmer woman?	rocedu	ire to avert death or seri	ous impairmei	nt to the pregr	nant	that required woman?	u tne procedure	to avert de	am or serious impair	ment to the pregnant			
Date last normal me		•		Physician e	estimat	e of gestation (i	n weeks)	Post fo	ertilization age of the	e fetus (in weeks)			
How were the gostat		2/22/2015 age and post fertilization	n aga datami	ned?		7			5				
ULTRASOUND	nonai	age and post retunzatio	ii age ueteriiili	icu:									
L													
Full name of physic		rforming termination											
		orming termination (nur	nber and stree	t, city, state, a	and zip	code)							
	-	NDIANAPOLIS, IN 462			- T								
**Date Reported	to DC	S, if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Patient's age** Date of pregnance						City or town, of pregnancy termination BLOOMINGTON County						
Patient's age**	1.7	wind	Date of pregn	ancy termin	nation	Educa	tion				1		
29	Maı	ried Yes No		02/11/2016		Educa			9th-12	th, No Diploma			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	4				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations			
		not include this termin	0 ation. If more ti	han six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tir	me fetus surviv	red:					Complic	cation(s) of Pregnar	ncy Termination		
☐ Yes ■ I	No							• 1	None	☐ Ute	rine Perforation		
								П	Hemorrhag	e ∏ Cer	vical Laceration		
Fetus viable?	NT _	If viable, medical	reason for term	nination:									
☐ Yes ■ I	NO							I	nfection	☐ Reta	ained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did thi	s terminatio	on of pregnancy res	sult in a maternal death?		
- <u>-</u>								☐ Ye		0			
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inota	1 Pregnancy				Additional P		that Ta	minated D	reananay			
Procedure that Term	matec	1 Pregnancy								•			
☐ Medical (Nonsu☐ Medical (Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
	1) 0						· · ·	1) 0					
		uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	al) Sucti al) Mens	on Curetta strual Aspir	ge ration			
Medical (Surgio						Medical (Surgical) Other (Specify)							
For Medical (Surgice	al) nr	ocedures, answer the fol	llowing questio	n		For Medical	(Surgica	ıl) proced	hires answ	ver the following a			
						For Medical (Surgical) procedures, answer the following question.							
	le or h ■ No	nave a post fertilization	age at least 20	weeks?			us viabl Yes – [_	a post fert	ilization age at leas	st 20 weeks?		
	_		ata tha fallarris	ma avastian		If the marries			marriana di via	as assemble to the fol	Howing questions		
if the previous quest	ion w	as answered yes, compl	ete the follown	ng question	s.	If the previou	is questi	on was a	nswered ye	es, complete the fol	nowing questions.		
Was the fetus giver ☐ Yes ☐		best opportunity to surv	ive?				us given Yes [_	opportunit	ty to survive?			
	_					_	_	_					
		etermination that the prior to avert death or seri									oman had a condition irment to the pregnant		
woman?			1	1	6	woman?				· · · · · · · · · · · · · · · · · · ·	1 2		
Date last normal men	neac L	legan		Dhysisis	actimat	e of gestation (in waal-	-)	Doct fo	rtilization age of th	ne fetus (in weeks)		
Date last normal file		1/27/2015		1 Hysiciali	i commal	12	n weeks	''	1 081 16	runzation age of the			
How were the gestat	ional	age and post fertilization	n age determin	ied?									
ULTRASOUND													
Full name of physici	an pe	rforming termination											
DR. CAROL DELLI													
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. WERIDIAN	اا , ا د	NDIANAPOLIS, IN 46	220										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy term MONRO									
Dations? 44			Data of		otic	F 1	tion						
Patient's age** 18	Marrie [ed Yes No	Date of pregr	02/11/2016		Educa	uon			th, No Diplon	na		
Race American Indian Native Hawaiian			Asian White	Black o	or Africa	n American	Unknow			nnic or Latino Hispanic or Lat	tino	Unknown	
Live Births:	N	umber now living	0				Number no	ow dec	ceased	0			
Other Termination	s: N	umber of spontaneou	us terminations	1			Number of	f induc	ced termin	nations 0			
Dates of termination			•	, ,,		st recent.)		_					
Fetus delivered alive		If yes, length of ti			4	•		5	Complic	eation(s) of Pre	egnancy	Termination	
Yes •		ii yes, iengui oi u	me retus surviv	reu.				■ No	•	_		Perforation	
Fetus viable?		If viable, medical	reason for term	nination:					emorrhag			al Laceration	
Yes •	No							Inf	fection		Retaine	ed Products	
								Ot	ther (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No						Did	d this t	terminatio	on of pregnanc	y result	in a maternal death?	
								Yes	■ No)			
				Type of	f Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy				Additional P	rocedure that	t Term	ninated Pr	regnancy			
Medical (Nonsu							(Nonsurgica						
Medical (Nonsu							(Nonsurgica (Nonsurgica						
Medical (Surgional Control Contro	ral) Suc	tion Curettage				Medical (Surgical) Suction Curettage							
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical) N	Mensti	rual Aspii				
Medical (Surgio	cai) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)							
												_	
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav ■ No	re a post fertilization	age at least 20	weeks?			us viable or l Yes 🔲 No		post fert	ilization age a	t least 2	0 weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.	s.	If the previou	ıs question w	vas ans	swered ye	es, complete th	e follov	ving questions.	
	n the bes	st opportunity to surv	vive?				us given the		pportunit	y to survive?			
	_	ii. a .a		. 1	4:	_	_		-t		-4 -	1 197	
that required the pr		ermination that the part to avert death or ser				that require						an had a condition ent to the pregnant	
woman?						woman?							
Date last normal me	_	an 15/2015		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age	of the fo	etus (in weeks)	
How were the gestat			on age determin	ned?		10					O		
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip o	code)							
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	EGE	BLOOMINGTON					County of pregnan	cy termination DNROE			
Patient's acc**		. ,	Data of near	ancy tomi-	ation	Edwa	ition				1		
Patient's age** 21	Mar	ried □ Yes ■ No	Date of pregn	iancy termin 02/11/2016		Educa	шоп		9th-12	th, No Diploma			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black	or Africa	an American	Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin				
Dates of termination	s (Do	not include this termin	ation. If more ti	han six (6), i	those mo	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination		
_ ies • i	NO							• 1	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	waasan fan tamm	inations				☐ I	Hemorrhag	e 🔲 Cervi	cal Laceration		
Yes I	No	ii viable, illedicai	reason for term	imation:				□ I	nfection	☐ Retai	ned Products		
									Other (Spec	eify)			
Pathological examin	ation	If yes, results:							Juici (Spec	-tjy)			
performed?	ation	ii yes, resuits.											
☐ Yes ■	No							Did this ☐ Yes		on of pregnancy resu	It in a maternal death?		
									<u>, </u>	5			
				Т	f Ta'	nation Duc1	*25						
				1 ype o	ı 1ermii	nation Procedu							
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu									/lifepriston				
☐ Medical (Nonsu ☐ Medical (Nonsu		Other (Specify)							Aisoprostol Other (<i>Spec</i>				
☐ Madiaal (Caracia	-1) 0						(C:-	-1\ C+	C#-				
	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspin	ge ration			
☐ Medical (Surgio	al) C	ther (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing questio	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.		
Was the fetus viable	le or l	ave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?		
	■ No		C				Yes [1	C			
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given	n the	pest opportunity to surv	ive?			Was the fet	us giver	the best	opportunit	ty to survive?			
☐ Yes ☐] No						Yes [No					
		etermination that the pr								hat the pregnant wor			
woman?	ocedi	re to avert death or seri	ous impairmen	it to the preg	gnant	woman?	d the pr	ocedure t	o avert dea	ith or serious impair	ment to the pregnant		
Date last normal men	ngae L	egan		Physician	estimate	e of gestation (in waal-	r)	Doet for	rtilization age of the	fetus (in waaks)		
Date last notilial file		1/30/2015		1 mysiciali	Commatt	of gestation (ii vveeks	•/	1 081 16.	runzation age of the	icus (iii weeks)		
How were the gestat	ional	age and post fertilization	n age determin	ed?					1				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	-	-											
		orming termination (num	nber and street	t, city, state.	and zip	code)							
	-	IDIANAPOLIS, IN 46		J									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	O (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** 27	Marı	ried	Date of pregn	nancy termina 02/11/2016	ation	Educa	tion		9th-12	th, No Diploma			
Race American Indiana Native Hawaiian o	r Otl	ner Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Terminations:		Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0			
Dates of terminations	(Do	not include this termina	,	than six (6), t	hose me	ost recent.)							
I		2		1		4		5	Complic	cation(s) of Pregnan	cy Termination		
Fetus delivered alive? Yes No		If yes, length of tin	ne retus surviv	ed:					None	_	•		
										_	ine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				L 1	Hemorrhage	e ∐ Cerv	ical Laceration		
☐ Yes ■ No	0							l l	nfection	Reta	ined Products		
									Other (Spec	cify)			
Pathological examinat performed?	ion	If yes, results:											
Yes N	o							Did this	s termination	on of pregnancy res	ult in a maternal death?		
								☐ Yes	s 🔳 No)			
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone													
☐ Medical (Nonsurg									Aisoprostol Other (Spec				
		, (<u>F</u> <u>35</u>)						8 ,	(-1	357			
	1) 0						· ·	1) 0					
	1) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspin				
☐ Medical (Surgical	l) O	ther (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical) pro	cedures, answer the fol	lowing question	on.		For Medical	Surgica	al) proced	lures, answ	er the following qu	estion.		
		ave a post fertilization a	ige at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■	No						Yes [No					
If the previous question	n wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the following	owing questions.		
Was the fetus given		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?			
			amont	. hod ***	lia.	_	_	_	in - e!	hat the comme	mon had adid		
		etermination that the pro re to avert death or seri									man had a condition ment to the pregnant		
woman?						woman?							
Date last normal mens		•		Physician	estimate	e of gestation (i	n weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)		
12/25/2015 8 How were the gestational age and post fertilization age determined?										6			
ULTRASOUND													
Full name of physician DR. CAROL DELLIN	_	-											
		orming termination (num	nber and stree	t, city, state,	and zip	code)							
200 S. MERIDIAN S		-			- 1	· 							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						_			

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		ROE CO.) - 42	21 SOUTH COLLI	EGE	City or to	own, of pregr BLOC	ancy ter			County of pregnancy MON	termination IROE		
Dationt's ass**			1	Date of	onov to	notion	17.1.	otica						
Patient's age** 35	Marrie [ed Yes	■ No	Date of pregna	02/11/201		Educ	ation			th, No Diploma			
Race American Indian Native Hawaiian	or Othe	r Pacific l	Islander	☐ Asian ■ White	☐ Black		n American		nknown	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	lumber no	ow living	4					ber now d		0			
Other Termination	ъ.		_	us terminations 0				Numl	ber of ind	uced termir	nations 2			
Dates of termination 1. 2014		ot include UNKNO		ation. If more th	han six (6),	those mo	st recent.)		5		6			
Fetus delivered alive		If yes,	length of ti	me fetus survivo	ed:						ation(s) of Pregnancy			
									1 • 1		_	Perforation		
Fetus viable?		If viab	le, medical	reason for term	ination:					Hemorrhage	_	al Laceration		
Yes •	No									nfection	_	ed Products		
Pathological examin	ation	If ves	results:						🗆 (Other (Spec	ify)			
performed?		II yes,	resurts.											
☐ Yes ■	NO								Did this		on of pregnancy result	in a maternal death?		
				ation Proced	ures									
Procedure that Term	inated P	regnancy					Additional	Procedur	e that Ter	minated Pro	egnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu ☐ Medical (Nonsu														
Medical (Surgion Medical (Surgio	cal) Mei	nstrual As	spiration				■ Medica	l (Surgio	cal) Mens	on Curettag strual Aspir r (Specify)				
For Medical (Surgic	al) proce	edures an	swer the fo	llowing questio	on		For Medica	(Surgical	al) proced	lures answ	er the following quest	_ ion		
Was the fetus viab	le or hav						Was the fetus viable or have a post fertilization age at least 20 weeks?							
_	■ No	,	, .	1. 4. 6.11			_	_	☐ No	,	1 4 1 6 11	. ,.		
Was the fetus gives	n the bes				ng question	18.	Was the fo	tus give	n the best	·	es, complete the follow y to survive?	ving questions.		
☐ Yes ☐ What was the basis		arminatio	n that tha n	ragnant Waman	had a gond	lition	_	Yes [mination th	nat the pregnant woma	un had a condition		
that required the programmer woman?											th or serious impairme			
Date last normal me	_	gan /26/2015			Physician	n estimate	of gestation	(in week	s)	Post fer	rtilization age of the fe	etus (in weeks)		
How were the gestat ULTRASOUND	ional ag	e and pos	t fertilizatio	on age determin	ed?					•				
Full name of physici DR. CAROL DELLI	NGER													
Address of physician 200 S. MERIDIAN	-	_			t, city, state	e, and zip o	code)							
**Date Reported t	o DCS.	. if Patie	nt under 1	4 (month, day	vear):									

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PP	CSI) (MONROE CO.) - 421 SOUTH COLL	.EGE	City or t	town, of pregna	ncy termir			County of pregnan	cy termination ONROE	
D. C. D. State		15.0			T E ·						
21	Лап		02/11/2016		Educa	tion			th, No Diploma		
Race American Indiana o Native Hawaiian or		—	☐ Black o	or Afric	an American	☐ Unkn	own		nic or Latino lispanic or Latino	☐ Unknown	
Live Births:		Number now living	oulci			Number			0	CHKHOWH	
Other Terminations:		Number of spontaneous terminations 0				Number	of indu	ced termin			
Dates of terminations (Do .	not include this termination. If more t	han six (6), 1	those m	ost recent.)						
1	_	2 3			4		5	G 1'	6		
Fetus delivered alive? Yes No		If yes, length of time fetus surviv	red:					•	ation(s) of Pregnanc	cy Termination	
							■ N	lone	Uteri	ne Perforation	
Fetus viable?		If viable, medical reason for term	nination:				□ H	lemorrhage	e 🔲 Cervi	cal Laceration	
☐ Yes ■ No							☐ Ir	nfection	Retai	ned Products	
								ther (Speci	ify)		
Pathological examination	on	If yes, results:									
Yes No)						Did this	terminatio	n of pregnancy resu	alt in a maternal death?	
						[Yes	■ No	<u> </u>		
Type of Termination Procedures											
Procedure that Termina	ited	Pregnancy			Additional Pr	ocedure th	nat Terr	ninated Pre	egnancy		
Medical (Nonsurg								ifepristone	;		
☐ Medical (Nonsurg								lisoprostol ther (<i>Speci</i>	fy)		
Medical (Surgical)) Sı	action Curettage			☐ Medical	(Surgical)	Suction	on Curettag	re		
) M	enstrual Aspiration			☐ Medical		Mens	trual Aspir			
i wedicar (Surgicar)	, 0	uici (Specify)			Wiedicar	(Surgicar)	Ouici	(Specify)			
For Medical (Surgical)	nro	cedures, answer the following question			For Medical	Surgical)	proced	urec ancwe	er the following que	estion	
	-	ave a post fertilization age at least 20			Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes Yable G			weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous question	ı wa	as answered yes, complete the following	ng questions	S.	If the previou	s question	was ar	iswered ye	s, complete the follo	owing questions.	
Was the fetus given the State of the State		est opportunity to survive?				us given th		opportunity	y to survive?		
What was the basis fo	or de	etermination that the pregnant woman	had a condi	ition	What was tl	ne basis fo	or deteri	nination th	at the pregnant wor	nan had a condition	
that required the proc woman?	edu	re to avert death or serious impairmen	nt to the preg	gnant	that require woman?	d the proce	edure to	avert deat	th or serious impair	ment to the pregnant	
woman.					woman.						
Date last normal mense	s h	egan	Physician	estimat	e of gestation (i	n woobel		Post for	tilization age of the	fetus (in weeks)	
Date last normal mense		1/21/2015	Tilysician	estimati	12	n weeks)		1 OST ICI	10	ietus (in weeks)	
_	nal a	age and post fertilization age determin	ied?				•				
ULTRASOUND											
Full name of physician	per	forming termination									
DR. CAROL DELLING	-	=									
		rming termination (number and street IDIANAPOLIS, IN 46225	t, city, state,	and zip	code)						
200 O. MERIDIAN OT	, 111										
**Date Reported to l	DC	S, if Patient under 14 (month, day,	year):								

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Patient's age** 28	Marr	ied ■ Yes □ No	Date of pregn	nancy termina 02/11/2016		Educa	tion		Bach	elor's Degree			
Race American Indiana Native Hawaiian o	or Oth	er Pacific Islander	Asian White	☐ Black o	or Africa	nn American	Unk		☐ Not H	nic or Latino lispanic or Latino	Unknown		
Live Births:		Number now living	0					er now d		0			
Other Terminations:	: 1	Number of spontaneou	s terminations 0				Numbe	er of ind	uced termir	nations 0			
Dates of terminations	(Do 1	not include this termina	,	than six (6), t	those mo	ost recent.)							
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ied:		1		5	Complic	ation(s) of Pregnanc	cy Termination		
Yes N		if yes, length of the	ne retus surviv	rcu.				■ N	None	_	ne Perforation		
										_			
Fetus viable?		If viable, medical r	eason for term	nination:					Hemorrhage	_	cal Laceration		
☐ Yes ■ N	О							∐ I	nfection	∐ Retai	ned Products		
									Other (Spec	ify)			
Pathological examinat performed?	tion	If yes, results:											
Yes N	о										alt in a maternal death?		
								☐ Yes	s ■ No)			
Type of Termination Procedures													
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy			
Medical (Nonsur									lifepristone)			
Medical (NonsurMedical (Nonsur									Iisoprostol ther (<i>Speci</i>	fy)			
Madical (Surgice	1) 🕻 🖰	ation Curattaga				☐ Modical	(Surgiae	1) Suati	on Curatta				
	1) M	enstrual Aspiration				Medical	(Surgica	d) Mens	on Curettag strual Aspir				
☐ Medical (Surgica	ıl) Ot	her (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgical	l) proced	ures, answ	er the following que	estion.		
		we a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ☐] No					☐ Yes ☐ No							
If the previous question	on wa	s answered yes, comple	ete the following	ng questions.	-	If the previou	s questic	on was a	nswered ye	s, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?			
				1 1 12		_					1 1 12		
		termination that the pro- re to avert death or seri-									man had a condition ment to the pregnant		
woman?						woman?							
Date last normal mens		egan 2/24/2015		Physician	estimate	of gestation (i	n weeks))	Post fer	tilization age of the	fetus (in weeks)		
How were the gestation		6				4							
ULTRASOUND			<i>J</i>										
Full name of physician	_	-											
DR. CAROL DELLIN		rming termination (nun	nher and street	t city state	and zin	code)							
200 S. MERIDIAN S		-		., c.i.y, sime, i	ана цр	couci							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):									

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregn BLOOI	ancy term			County of preg	nancy MONF		
Defice 2			D-4 C		-4:	1 = 1	-4:-						
Patient's age** 27	Marrie [ed Yes No	Date of pregr	02/11/2016		Educa	ation			2th, No Diploma			
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	Asian White	Black of Other	or Africa	nn American	☐ Unk	known		y anic or Latino Hispanic or Latino	o	Unknown	
Live Births:	N	umber now living	0				Numbe	er now d	eceased	0			
Other Termination	s: N	umber of spontaneou	us terminations	3			Numbe	er of ind	uced termi	nations 0			
Dates of termination			v			ost recent.)	I						
Fetus delivered alive		If yes, length of ti			4	1		5	Complic	cation(s) of Pregn	ancy T	Termination	
Yes •		ii yes, lengui oi u	me retus surviv	veu.				■ 1		_	•	Perforation	
										_			
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_		Laceration	
Yes • 1	No							□ I	nfection	∐ Re	etained	Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										esult i	n a maternal death?	
								☐ Yes	s 🔳 N	0			
				.f.T	otion D. 1								
				Type of	or rermin	Additional Procedure that Torminated Programmy							
Procedure that Term	inated P	regnancy			Additional Procedure that Terminated Pregnancy								
Medical (Nonsu Medical (Nonsu								Aifepriston Aisoprostol					
Medical (Nonsu									Other (Spec				
Medical (Surgional Control Contro									on Curetta				
Medical (Surgio		nstrual Aspiration er (Specify)							strual Aspi r (Specify)				
	,	(1 33)				_	` "		1 337				
For Medical (Surgic	al) proce	edures, answer the fo	llowing question			For Medical	(Surgical	l) proced	lures, answ	ver the following	auestic	on.	
	_	e a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No	F					Yes		F				
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previous	us questic	on was a	nswered ye	es, complete the f	ollowi	ng questions.	
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?			
	_	ermination that the p	regnant woman	n had a condi	ition	_		_	mination t	hat the pregnant v	woman	had a condition	
		to avert death or ser										nt to the pregnant	
woman:						woman:							
Data last normal	nege ba-	an		Dhyaisias	actimat-	of gostation	in wast-)	Doct f-	artilization acc -f	the fat	ne (in weeks)	
Date last normal me	_	an '25/2015		riiysician	esumate	of gestation (ın weeks,	,	Post fe	ertilization age of	the fet	us (<i>in weeks)</i>	
How were the gestat				1									
ULTRASOUND													
Full neme of -1'	on marif	emina tamais -ti											
Full name of physici DR. CAROL DELLI	NGER												
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
		_,											
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):						_			

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PLANNÉD PARENTHO	cility Name and Address NNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE ENUE, BLOOMINGTON, IN, 47403 tient's age** Married Date of pregnancy to						City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age**		. ,	Date of preco	ancy termin	nation	Educa	tion							
Patient's age**	Mar	ried ☐ Yes ■ No		nancy termin 02/11/2016		Educa	WIOII		9th-12	th, No Diploma				
Race American Indian Native Hawaiian			Asian White	■ Black □ Other		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations				
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6),	those me	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination			
☐ Yes ■ I	NO							• 1	None	☐ Uter	ine Perforation			
T		70 : 11 1: 1				☐ Hemorrhage ☐ Cervical Laceration								
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:				Пі	nfection	□ Reta	ined Products			
									Other (Spec	::\ :::E\				
Pathological examin	otion	If yes, results:							Julei (Spec	uyy)				
performed?	ation	ii yes, iesuits.												
☐ Yes ■	No							Did thi		on of pregnancy res	ult in a maternal death?			
									S <u>- 10</u>)				
				Tr.	· CT ·	Termination Procedures								
				Type o	or Termii	ermination Procedures								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy				
Medical (Nonsu									/lifepriston					
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Other (Specify)							Aisoprostol Other (<i>Spec</i>					
Madical (Surgic	vo1) C	uction Curettage				— Madical	(Curaio	al) Suati	on Curetta					
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration				
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.			
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
☐ Yes [■ No)				Yes No								
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fol	lowing questions.			
		best opportunity to surv	ive?			Was the fet	us giver	the best	opportunit	y to survive?				
☐ Yes ☐] No)					Yes [」No						
		etermination that the properties to avert death or serious									man had a condition rment to the pregnant			
woman?	ocedi	ire to avert death of sen	ious impairmei	it to the preg	gnam	woman?	u ille pr	ocedure i	o avert uea	un or serious impai	inient to the pregnant			
Date last normal men	nses h	egan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)			
	1	1/24/2015				13				11	· ·			
How were the gestat	ned?					-								
ULTRASOUND														
											,			
Full name of physici DR. CAROL DELLI	-	rforming termination												
		orming termination (num	mber and street	t, city, state,	, and zip	code)								
200 S. MERIDIAN S	ST, IN	NDIANAPOLIS, IN 46	225											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregna	ncy termination ONROE			
Patient's age** 16	/arri	ed Yes • No	Date of pregn	nancy termina	ation	Educa	tion		9th-12	th, No Diploma				
Race American Indiana o Native Hawaiian or	r Ala	ska Native [Asian White		or Afric	an American	☐ Un	known	Ethnicity Hispa		☐ Unknown			
Live Births:	N	Number now living	0				Numb	er now d	eceased	0				
Other Terminations:	N	Sumber of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0				
Dates of terminations (Do n	ot include this termina		than six (6), t	hose mo	ost recent.)								
1		2				4		5	Complia	eation(s) of Pregnar	and Tampination			
Fetus delivered alive? Yes No		If yes, length of tin	ne fetus surviv	ved:					•	_				
									None		ine Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:				I	Hemorrhage	e	vical Laceration			
☐ Yes ■ No	1							I	nfection	Reta	ined Products			
						Other (Specify)								
Pathological examination performed?	on	If yes, results:												
Yes No)							Did this	s terminatio	on of pregnancy res	ult in a maternal death?			
								☐ Ye	s 🔳 No)				
				n Procedures										
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsurg									/lifepristone					
☐ Medical (Nonsurg									Aisoprostol Other (Speci					
_		(I 33)												
☐ M 1: 1/6 : 1)							/G :	1) 0	- C #					
Medical (Surgical)Medical (Surgical)) Me	nstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir					
Medical (Surgical)) Oth	ner (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgical)	proc	edures, answer the foll	lowing question	on.		For Medical	Surgica	al) proced	lures, answ	er the following qu	estion.			
		ve a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
☐ Yes ■	No						Yes L	」No						
If the previous question	ı was	answered yes, comple	ete the followi	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the fol	lowing questions.			
Was the fetus given the ☐ Yes ☐		st opportunity to survi	ve?				us giver Yes 🛭		opportunit	y to survive?				
		ermination that the pro									oman had a condition			
that required the proc woman?	edure	e to avert death or serie	ous impairmer	nt to the pregi	nant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant			
Data last normal mar-	ac ha	ran		Physician	actimat	of gostation (n wast-	a)	Doct f-	rtilization acc of 4-	a fatus (in waska)			
Date last normal mense	-	gan /21/2015		1 mysician (csumat	e of gestation (i	n weeks	· <i>)</i>	rost iei	rtilization age of th 11	· ·			
How were the gestation	nal ag	ge and post fertilization	n age determin	ned?										
ULTRASOUND														
F.11	-	• . • .•												
Full name of physician DR. CAROL DELLING	_	orming termination												
Address of physician po	erfor	=		t, city, state,	and zip	code)								
200 S. MERIDIAN ST	, INE	DIANAPOLIS, IN 462	225											
**Date Reported to 1	Date Reported to DCS, if Patient under 14 (month, day, year):													

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregn	ancy ten			County of pregnar	ncy termination ONROE			
The state of the s	1		D. C			Ι	··							
Patient's age** 28	Marr	ied □ Yes ■ No	Date of pregn	nancy termir 02/11/2016		Educ	ation			elor's Degree				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:]	Number now living	1				Numb	er now d	eceased	0				
Other Termination	ıs:	Number of spontaneou	us terminations				Numb	per of ind	uced termin					
Dates of termination 1. 05/23/2013	ns (Do 1	not include this termin 2. UNKNOWN	ation. If more t	than six (6),	those mo	ost recent.)		5		6				
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	ved:					Complic	ation(s) of Pregnan	cy Termination			
☐ Yes ■	No							■ N	None	☐ Uteri	ne Perforation			
F		70 : 11 1: 1	· ·	• .•		☐ Hemorrhage ☐ Cervical Laceration								
Fetus viable? Yes	No	If viable, medical	reason for term	nination:					nfection	☐ Reta	ined Products			
									Other (Spec	_				
Pathological examin	ation	If yes, results:							эшсі (Брес	99)				
performed?														
☐ Yes ■	No							Did this			alt in a maternal death?			
		-						I.						
				Type o	of Termin	ermination Procedures								
Procedure that Term	inated	Pregnancy		• • •		Additional I		e that Ter	minated Pr	egnancv				
Medical (Nonsu	urgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) M	Aifepriston Aisoprostol					
Medical (Nonsu	urgical)	Other (Specify)				☐ Medica	l (Nonsu	rgical) C	Other (Speci	ify)				
Medical (Surgio									on Curettag					
Medical (Surgio		enstrual Aspiration her (Specify)							strual Aspir r (<i>Specify</i>)	ation				
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.			
		ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
	■ No			:	_	_	_			1-4-4b-6-11	:			
		s answered yes, comp		ng question	s.	_	_		-	es, complete the foll	owing questions.			
Was the fetus give		est opportunity to surv	ive?				Yes [opportunit	y to survive?				
		termination that the pr									man had a condition			
that required the property woman?	rocedui	re to avert death or ser	ious impairmer	nt to the pre	gnant	that requir woman?	ed the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant			
Date last normal me	nses be	egan		Physician	estimate	e of gestation	in week	5)	Post fee	rtilization age of the	e fetus (in weeks)			
	12	2/18/2015				9			1 050 101	7				
_	tional a	ge and post fertilization	on age determin	ned?										
ULTRASOUND														
Full name of al'	ion == '	forming torming!:												
Full name of physici DR. CAROL DELLI	-	-												
	-	rming termination (nu		t, city, state,	, and zip	code)								
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225											
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):										

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or t	town, of pregn	ancy teri			County of pregnan	cy termination		
Datient's acc**			Data of	anov to-	nation	T7.4	ation						
Patient's age** 23	Marri	ed □ Yes ■ No	Date of pregn	nancy termin 02/11/2016		Educ	аноп		Asso	ociate Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American	Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	Number now living	1				Numb	per now d	eceased	0			
Other Termination	ıs: N	Number of spontaneou	is terminations				Numb	er of ind	uced termin				
Dates of termination	ns (Do n	ot include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No							• 1	None	☐ Uterii	ne Perforation		
								☐ I	Hemorrhago	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	ination:					nfection	☐ Retain	ned Products		
									Other (Spec				
Pathological examin	ation	If yes, results:							Julei (Spec	.t(y)			
performed?	iation	ii yes, iesuits.											
☐ Yes ■	No							Did this			It in a maternal death?		
L		1						те	, <u>–</u> IN(
					c.m.								
Type of Termination Procedures													
Procedure that Term	inated I	Pregnancy				Additional F	rocedure	e that Ter	minated Pr	regnancy			
Medical (Nonsu						☐ Medica	l (Nonsu	rgical) N	lifepriston	e			
Medical (Nonsu Medical (Nonsu						☐ Medica ☐ Medica	l (Nonsu l (Nonsu	irgical) N irgical) C	Aisoprostol Other (Speci	ify)			
	1) 0						1.6	1) 0					
☐ Medical (Surgion Med		enstrual Aspiration				☐ Medica	l (Surgic	al) Mens	on Curettaş strual Aspir				
Medical (Surgio	cal) Oth	ner (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.		
Was the fetus viab	le or ha	ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [Yes No							
If the previous quest	tion was	answered yes, comp	lete the followi	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus give	n the be	est opportunity to surv	rive?			Was the fe	tus givei	n the best	opportunit	y to survive?			
☐ Yes [<u> </u>					Yes [**	•			
		ermination that the pr								hat the pregnant wor			
that required the programmer woman?	rocedure	e to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Date last normal me	neac ha	ran		Physician	Actimat	e of gestation	in wast	c)	Dogt f-	rtilization age of the	fetus (in weeks)		
Date last normal file		/10/2015		1 Hysiciali	comman	8	in week.	·)	1 051 16	funzation age of the	icus (in weeks)		
How were the gestat	tional ag	ge and post fertilization	n age determin	ned?					ı				
ULTRASOUND													
Full name of physici	-	orming termination											
		ming termination (nu	mber and stree	t, city, state.	and zip	code)							
200 S. MERIDIAN	-	-											
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_			

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Facility Name and Ad PLANNED PARENTHOOD AVENUE, BLOOMINGTO	O (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregnar	ncy termination ONROE		
Patient's age**	Marr	ied □ Yes ■ No	Date of pregn	nancy termina	ation	Educa	tion		9th-12	th, No Diploma			
Race American Indiana Native Hawaiian o		aska Native	Asian White	_	or Africa	an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Terminations:		Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0			
Dates of terminations	(Do i	not include this termina		than six (6), ti	hose mo	ost recent.)				<u> </u>			
1		2				4		5	Complie	eation(s) of Pregnan	cy Termination		
Fetus delivered alive? Yes No		If yes, length of tin	ne fetus surviv	ed:					•	_			
								_	None	_	ne Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				∐ I	Hemorrhage	e ∐ Cerv	ical Laceration		
☐ Yes ■ No	0							☐ I	nfection	☐ Reta	ined Products		
									Other (Spec	cify)			
Pathological examinat performed?	ion	If yes, results:											
Yes N	o							Did this	s termination	on of pregnancy res	alt in a maternal death?		
								☐ Yes	s 🔳 No)			
				Type of	Termin	nation Procedu	res						
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsur									/lifepriston				
☐ Medical (Nonsurger Medical (Nonsurger)									Aisoprostol Other (Spec				
□ Madical (Consider	1) C						(C:-	-1) C4:	C#-				
	l) M	enstrual Aspiration				Medical	(Surgic	al) Mens	on Curettag strual Aspin				
☐ Medical (Surgical	l) O	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical) pro	cedures, answer the following	lowing question	on.		For Medical	Surgica	l) proced	lures, answ	er the following qu	estion.		
		ave a post fertilization a	ige at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No							
☐ Yes ■	No						Yes _	No					
If the previous question	n wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?			
What was the basis f	for de	etermination that the pro-	egnant woman	had a condit	ion	What was the	ne basis	for deter	mination th	hat the pregnant wo	man had a condition		
		re to avert death or serie									ment to the pregnant		
woman:						woman:							
Date last normal mens		egan 1/14/2015		Physician 6	estimate	e of gestation (i	n weeks	;)	Post fe	rtilization age of the	e tetus (in weeks)		
How were the gestation	ned?	<u> </u>			1								
ULTRASOUND													
Full name of physician DR. CAROL DELLIN	_	-											
		rming termination (nun	nber and stree	t, city, state, o	and zip	code)							
200 S. MERIDIAN S		=			•								
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						_			

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	1					T								
Patient's age** 23	Marı	ried Yes I No	Date of pregn	nancy termir 02/11/2016		Educa	ntion			th, No Diploma				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	□ Uni	known		nnic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	0					er now d		0				
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin	nations				
		not include this termin	ation. If more t	than six (6),	those me	ost recent.)	<u> </u>			2				
Fetus delivered alive	a?	If yes, length of ti	me fetus surviv	red:		4		5	Complic	cation(s) of Pregnan	cy Termination			
Yes Yes		if yes, length of the	ine retus surviv	cu.				1	None	☐ Uteri	ne Perforation			
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products			
163	110									_	ned Froducts			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No										ult in a maternal death?			
								☐ Yes	s 🔳 No)				
				Туре	of Termi	Additional Procedure that Terminated Pregnancy								
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	urgical) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
☐ Medical (Nonsu	urgical					☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Speci					
Medical (Nonst	urgicai	Other (Specify)				Medical	(Nonsui	rgicai) C	iner (<i>speci</i>	ify)				
Medical (Surgio									on Curettag					
☐ Medical (Surgional Description ☐ Medical Description		enstrual Aspiration ther (Specify)							strual Aspir r (<i>Specif</i> y)	ration				
	,	1 337												
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	1) proced	lures, answ	er the following que	estion.			
		ave a post fertilization	• 1			Was the fetus viable or have a post fertilization age at least 20 weeks?								
	No		age at least 20	weeks?			Yes [a post tert	inzation age at least	20 weeks?			
If the previous quest	tion wa	is answered yes, comp	lete the followi	ng question	ıs.	If the previou	us questi	on was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus give ☐ Yes [est opportunity to surv	vive?				tus given Yes [opportunit	y to survive?				
What was the basis	s for de	etermination that the pr	regnant woman	had a cond	lition	What was t	he basis	for deter	mination th	hat the pregnant wo	man had a condition			
that required the pr		re to avert death or ser				that require					ment to the pregnant			
woman?						woman?								
L						ı								
Date last normal me		-		Physician	estimate	e of gestation (in weeks)	Post fer	rtilization age of the	e fetus (in weeks)			
How were the gestat		2/09/2015 Ige and post fertilization	on age determin	l ned?		12				10				
ULTRASOUND	onur o	So and post rounizatio	450 4010111111											
Full name of physici	-	-												
		rming termination (nu.	mber and stree	t, citv. state	, and zin	code)								
	-	DIANAPOLIS, IN 46		.,, siene,	,α ζιρ									
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_				

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC	SI) (MONROE CO.) - 42 17403	21 SOUTH COLL	EGE (City or to		ncy termination		County of pregnance	y termination NROE		
Patient's age**	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	Date of pregr	ancy termina	ation	Educa	tion					
27	Marri	ed □ Yes ■ No		02/12/2016		Educa		High Scho	ool Diploma or GED			
Race American Indian Native Hawaiian	or Othe		Asian White	☐ Black o	or Africa	n American	Unknown Number now	☐ Not	y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:			0						0			
Other Termination	ıs:	Number of spontaneou	us terminations 0				Number of inc	luced termi	inations 4			
Dates of termination		ot include this termin	ation. If more t			st recent.) 2014	5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:				Compli	cation(s) of Pregnancy	/ Termination		
☐ Yes ■	No							None	☐ Uterin	e Perforation		
F		TC : 11 1: 1	· · ·	• .•		Hemorrhage Cervical Laceration						
Fetus viable? Yes	No	If viable, medical	reason for term	ination:				Infection	☐ Retain	ed Products		
								Other (Spe	cifu)			
Pathological examin	ation	If yes, results:					' '	Oulei (Spe	сіју)			
performed?	iation	ii yes, iesuits.										
☐ Yes ■	No						Did thi ☐ Ye			t in a maternal death?		
								3 🗀 11	0			
				Type of	f Termin	ation Procedu	res					
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregna												
									,			
Medical (Nonsu Medical (Nonsu							(Nonsurgical) I (Nonsurgical) I					
Medical (Nonst	urgical)	Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)			
Medical (Surgional Control Contro							(Surgical) Suct					
☐ Medical (Surgion Med		nstrual Aspiration					(Surgical) Men (Surgical) Othe					
	,	(Spreagy)				Medical (Salgical) Sale (Specify)						
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical ((Surgical) proce	dures, ansv	ver the following ques	 tion.		
		ve a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [ve a post fertifization	age at least 20	weeks:			Yes No	e a post fer	unization age at least 2	to weeks:		
If the previous quest	tion was	answered yes, compl	lete the followi	ng questions.	i.	If the previou	is question was a	nswered y	es, complete the follo	wing questions.		
Was the fetus give Yes	_	st opportunity to surv	rive?				us given the bes Yes \(\sime\) No	t opportuni	ty to survive?			
		ermination that the pr							that the pregnant wom			
that required the pro- woman?	rocedure	e to avert death or ser	ious impairmer	nt to the preg	nant	that require woman?	d the procedure	to avert de	ath or serious impairn	nent to the pregnant		
						0						
Data last	ngas 1	707		Dr; -,	ootie	of gost-ti	in weaks)	DC	nutilization Cd	Sotus (in 1-1		
Date last normal me		gan /19/2015		rnysician (esumate	of gestation (i	in weeks)	POSt IG	ertilization age of the a	icius (in weeks)		
How were the gestat	tional ag	e and post fertilization	n age determin	ned?								
ULTRASOUND												
Full name of physici	ian nerf	orming termination										
DR. CAROL DELLI	INGER		, ,		, .	7.						
Address of physician 200 S. MERIDIAN	-	ming termination (num DIANAPOLIS, IN 46		t, city, state,	and zip o	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	_EGE	City or	town, of pregna BLOOM	nncy termin			County of pregnanc	y termination NROE			
	1		-			1 —								
Patient's age** 37	Marı	ied □ Yes ■ No	Date of pregn	nancy termin 02/18/2016		Educa	tion	Do		rofessional Degree	e			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Unkn	nown		nic or Latino lispanic or Latino	□ Unknown			
Live Births:		Number now living	0				Number			0	_			
Other Termination	ıs:	Number of spontaneou		.			Number	of indu	ced termin					
		not include this termin	ation. If more t	than six (6),	those m	ost recent.)		5.		6.				
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	ved:					Complica	ation(s) of Pregnancy	y Termination			
☐ Yes ■	No							■ N	lone	☐ Uterin	e Perforation			
								—	lemorrhage	— — — Carvic	al Laceration			
Fetus viable?		If viable, medical	reason for term	nination:					Ü					
☐ Yes ■	No							∐ Ir	nfection	☐ Retain	ed Products			
									ther (Speci	ify)				
Pathological examin	ation	If yes, results:												
performed?	No						-	Did this	terminatio	n of pregnancy resul	t in a maternal death?			
								Yes			t iii u mutomur douur.			
				Туре с	of Termi	rmination Procedures								
Procedure that Term	inated	Pregnancy				Additional P	rocedure th	hat Terr	ninated Pre	egnancy				
										•				
Medical (Nonsu						☐ Medical ☐ Medical	(Nonsurgi	ical) M ical) M	lifepristone lisoprostol					
		Other (Specify)				☐ Medical	(Nonsurgi	ical) O	ther (Speci	fy)				
Medical (Surgional Control of the Control of t	cal) Si	uction Curettage				☐ Medical	(Surgical)) Suction	on Curettag	e				
☐ Medical (Surgio	cal) M	enstrual Aspiration				☐ Medical	(Surgical)) Mensi	trual Aspir					
Medical (Surgio	cal) O	ther (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgical)	procedi	ures, answe	er the following ques	etion.			
Was the fetus viab	le or h	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
	■ No					Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
If the previous quest	tion wa	s answered yes, comp	lete the followi	ing question	s.	If the previou	ıs question	n was ar	nswered ye	s, complete the follo	wing questions.			
Was the fetus give	n the h	est opportunity to surv	rive?			Was the fet	us given th	he best	opportunity	y to survive?				
Yes [11					Yes		11	, 				
		etermination that the pr								at the pregnant wom				
that required the property woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	d the proce	edure to	avert deat	th or serious impairn	nent to the pregnant			
woman.						,, oman:								
Date last normal me		egan 2/26/2015		Physician	estimat	e of gestation (in weeks)		Post fer	tilization age of the	fetus (in weeks)			
How were the gestat		ge and post fertilization	on age determin	ned?		ı				υ				
ULTRASOUND		_	-											
Full name of physic	ian per	forming termination												
DR. CAROL DELLI	INGEF	₹												
	_	rming termination (nu. DIANAPOLIS, IN 46		et, city, state,	, and zip	code)	_	_						
200 S. WERIDIAN	οι, IIV	DIANAPOLIS, IN 46												
**Date Reported	to DC	S, if Patient under 1-	4 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						town, of pregna	•			County of pregnan	cy termination DNROE		
Patient's age**	3.7		Date of prece	ancy termin	nation	Educa	ntion						
25	Mai	ried ☐ Yes ■ No		02/18/2016		Educa			Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		ıknown	☐ Not I	anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	leceased	0			
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin	0 ation. If more to	han six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No							■ 1	None	☐ Uterii	ne Perforation		
					☐ Hemorrhage ☐ Cervical Laceratio								
Fetus viable?	No.	If viable, medical	reason for term	nination:	☐ Infection ☐ Retained Products								
☐ Yes ■ I	NO										ned Products		
					Other (Specify)								
Pathological examin performed?	ation	If yes, results:											
Yes No						Did this termination of pregnancy result in a maternal							
								☐ Ye		0			
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inateo	l Pregnancy			_	Additional P	rocedur	e that Ter	minated Pr	egnancv			
										•			
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical (Surgical) Suction Curettage							
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration			
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	dures, answ	er the following que	estion.		
Was the fetus viable	le or h	nave a post fertilization	age at least 20	weeks?		Was the fet	us viahl	le or have	a nost fert	ilization age at least	20 weeks?		
	■ No		age at least 20	weeks.			Yes [_	a post tert	inzation age at least	20 WCCR3:		
If the previous quest	ion w	as answered yes, compl	lete the following	ng question	s.	If the previous	ıs quest	ion was a	nswered ye	es, complete the follo	owing questions.		
							_		-	_			
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us givei Yes [opportunit	ty to survive?			
What was the basis	s for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he hasis	s for deter	mination th	hat the pregnant won	nan had a condition		
that required the pr		ire to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
						<u> </u>							
Date last normal mer		-		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)		
TT -3		1/22/2015		10		12				10			
How were the gestational age and post fertilization age determined?													
ULTRASOUND													
Full name of physician performing termination													
Full name of physician performing termination DR. CAROL DELLINGER													
Address of physician performing termination (number and street, city, state, and zip					code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):									

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						town, of pregna BLOOM	•			County of pregna	nncy termination			
Patient's age**		1	Date of mac-	anov toma	nation	Educa	ntion							
43	Maı	ried Yes I No		02/18/2016		Educa	uon	I	High Scho	ool Diploma or GE	ED			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	4				Numb	per now d	leceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termina	ation. If more ti	han six (6),	those me	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnan	ncy Termination			
res • r	NO								None	☐ Ute	rine Perforation			
T		70 : 11 1: 1	· ·					_ l	Hemorrhag	e 🔲 Cer	vical Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for term	iination:	☐ Infection ☐ Retained Products									
										_				
Data ta ta ta ta	<i>,</i> •	TC 1			Other (Specify)									
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■ No						Did this termination of pregnancy result in a materna								
						☐ Yes ■ No								
				Туре	of Termin	nation Procedu	ires							
Procedure that Term	inated	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	Mifepriston	e				
Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)				☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Spec					
i Wedicai (Nollsu	iigica	i) Other (specify)				Wiedicai	(INOIISU	iigicai) (ouiei (spec	ijy)				
		uction Curettage				Medical	(Surgic	al) Sucti	on Curetta	ge				
Medical (Surgio		Instrual Aspiration Other (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
	4)							-						
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	uestion.			
	le or l	nave a post fertilization	age at least 20	weeks?			tus viabl Yes [e a post fert	ilization age at lea	st 20 weeks?			
	_		-4- 41 6 -11		_	_	_	_		1-4-41 C-1	Ui			
If the previous quest	ion w	as answered yes, compl	ete the follown	ng question	S.	If the previou	is quest	ion was a	inswered ye	es, complete the fo	llowing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?				
				11	:4: -		_	_		L - 4 4 L -				
		etermination that the properties of the properti									oman had a condition irment to the pregnant			
woman?						woman?								
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of th	ne fetus (in weeks)			
		1/27/2015				12				10)			
How were the gestational age and post fertilization age determined?														
ULTRASOUND														
Full name of physician performing termination DR. CAROL DELLINGER														
Address of physician performing termination (number and street, city, state, and zip					code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225														
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):										

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Patient's age**	3.7	.:	Date of preon	nancy termin	nation	Educ	ation						
21	Mai	ried ☐ Yes ■ No		02/18/2016		Lauc	/11			Unknown			
Race American Indian Native Hawaiian			Asian White	■ Black □ Other		an American		ıknown	☐ Not I	/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	oer now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numl	per of ind	uced termi	nations 0			
Dates of termination	s (Do	not include this termin		than six (6),	those mo	ost recent.)	1						
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
	10							• 1	None	Uter	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:	Hemorrhage Cervical Laceration						ical Laceration		
Yes I	No	ii viable, illedicai	reason for term	illiation.	☐ Infection ☐ Retained Products								
					Other (Specify)								
Pathological examin	Other (Specify)												
performed?													
☐ Yes ■ No						Did this termination of pregnancy result in a materna ☐ Yes ■ No							
						Yes I No							
					6.75								
				Туре о	or rermir	nation Procedu							
Procedure that Term	inated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy			
Medical (Nonsu									// difepriston				
☐ Medical (Nonsu ☐ Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)							Aisoprostol Other (Spec				
	1) 0	· · · · · · · · · · · · · · · · · · ·				Medical (Surgical) Suction Curettage							
☐ Medical (Surgio	al) N	uction Curettage Ienstrual Aspiration				☐ Medica	(Surgic (Surgic	cal) Sucti cal) Mens	on Curetta strual Aspi	ge ration			
☐ Medical (Surgio	al) C	ther (Specify)							r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.		
Was the fetus viable	le or h	ave a post fertilization	age at least 20	weeks?		Was the fe	nıs viabl	le or have	e a post fert	tilization age at leas	t 20 weeks?		
	■ No		age at reast 20	weeks.			Yes [a post rere	anzuman uge un reus	25 Weeks		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the following	owing questions.		
Was the fetus give	n the l	pest opportunity to surv	ive?			Was the fe	tus givei	n the best	opportunit	ty to survive?			
☐ Yes [_	Yes [_	·FF ······	.,			
		etermination that the pr									man had a condition		
that required the pr woman?	ocedi	ire to avert death or seri	ous impairmer	nt to the preg	gnant	that require woman?	ed the pr	ocedure t	o avert dea	ath or serious impair	ment to the pregnant		
Detail				D1				,	T = -				
Date last normal men		egan 2/17/2015		Physician	estimate	e of gestation (ın week.	s)	Post fe	rtilization age of the	e retus (in weeks)		
How were the gestat			n age determin	ned?		-				<u> </u>			
How were the gestational age and post fertilization age determined? ULTRASOUND													
Full name of physician performing termination DR. CAROL DELLINGER													
Address of physician performing termination (number and street, city, state, and zip					code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_			

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.	ı		D : 0			T = -							
Patient's age** 21	Marr	ied ■ Yes 🗌 No	Date of pregn	nancy termin 02/18/2016		Educa	ntion	I		ol Diploma or GED)		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	ıs:	Number of spontaneou		i			Numb	er of ind	uced termin	nations			
		not include this termin	0 ation. If more t	than six (6).	those me	ost recent.)				0			
1		2	*			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					Complic	cation(s) of Pregnanc	y Termination		
Yes I	No							• 1	None	☐ Uterin	ne Perforation		
								П	Hemorrhage	e 🛭 Cervi	cal Laceration		
Fetus viable?		If viable, medical	reason for term	nination:									
☐ Yes ■	No				☐ Infection ☐ Retained Products								
					Other (Specify)								
Pathological examin performed?	ation	If yes, results:											
Yes No						Did this termination of pregnancy result in a mate							
								Yes					
				Type o	of Termi	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional P	rocedura	that Tar	minated De	reonancy			
										•			
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsu	rgical) N rgical) N	Aifepristone Aisoprostol	e			
		Other (Specify)				Medical	(Nonsu	rgical) C	Other (Speci	ify)			
Medical (Surgio	(lea	action Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag				
☐ Medical (Surgio	cal) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir				
Medical (Surgio	cal) O	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	stion.		
Was the fetus viab	le or ha	ave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post ferti	ilization age at least	20 weeks?		
☐ Yes [_						Yes [
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng question	s.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus give	n the h	est opportunity to surv	rive?			Was the fet	nıs oiven	the best	opportunit	y to survive?			
Yes [apportunity to surv					Yes [-FP or turnt	,			
		etermination that the pr								hat the pregnant won			
that required the property woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	ed the pro	ocedure t	o avert dea	th or serious impairs	ment to the pregnant		
woman:						woman:							
Date last normal me		-		Physician	estimate	e of gestation (in weeks	:)	Post fer	rtilization age of the	fetus (in weeks)		
How were the gestat		2/24/2015	n age determin	ned?		8				6			
How were the gestational age and post fertilization age determined? ULTRASOUND													
OETTO GOORD													
Full name of physician performing termination											1		
DR. CAROL DELLINGER													
Address of physician performing termination (number and street, city, state, and zi					, and zip	code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy terr						town, of pregna BLOOM	•			County of pregna	ncy termination ONROE			
Patient's age**	3.5	. ,	Date of proces	ancy termi-	nation	Educa	tion				1			
33	Maı	ried ☐ Yes ■ No		02/18/2016		Educa	itiOII		9th-12	th, No Diploma				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	4				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations				
Dates of termination	s (Do	not include this termina	v	than six (6),		ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination			
☐ Yes ■ I	No							• 1	None	Uter	ine Perforation			
								П	Hemorrhag	e □ Cerv	rical Laceration			
Fetus viable?	NT _	If viable, medical	reason for term	nination:	☐ Infection ☐ Retained Products									
☐ Yes ■ I	NO													
	Pathological evamination If we results						Other (Specify)							
	Pathological examination performed? If yes, results:													
☐ Yes ■ No						Did this termination of pregnancy result in a matern.								
								☐ Ye	s 🔳 No	D				
											1			
				Туре	of Termi	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	egnancy				
Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol					
Medical (Nonsu	ırgıca	l) Other (Specify)				Medical	(Nonsu	rgicai) (Other (Spec	ify)				
		uction Curettage				Medical	(Surgic	al) Sucti	on Curetta	ge				
☐ Medical (Surgio		Menstrual Aspiration Other (Specify)							strual Aspin r (Specify)	ration				
_														
	•						/G :	1		1 0 11 1				
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) procec	lures, answ	er the following qu	estion.			
	le or l	nave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at leas	t 20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	on was a	nswered ye	es, complete the fol	lowing questions.			
		best opportunity to surv	ive?				_	_	opportunit	ty to survive?				
☐ Yes [」No)					Yes [」No						
		letermination that the praire to avert death or seri									man had a condition rment to the pregnant			
woman?	oceui	ire to avert death of sen	ious impairmei	it to the preg	gnam	woman?	u uie pro	ocedure i	o avert uea	un or serious impar	inient to the pregnant			
Date last normal men	nses l	negan		Physician	estimate	e of gestation (in weeks	;)	Post fo	rtilization age of the	e fetus (in weeks)			
_ acc last normal file		01/01/2015		1 11 joician	- commun	6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	1 031 10	4	(Weeks)			
=	ional	age and post fertilization	n age determin	ned?										
ULTRASOUND														
Full name of physician performing termination DR. CAROL DELLINGER														
Address of physician performing termination (number and street, city, state, and zip of					code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225														
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_				

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy terr						own, of pregna	•			County of pregna	ncy termination ONROE		
Patient's age**	3.7		Date of prece	nancy termin	nation	Educa	ntion						
20	Mai	Tied ☐ Yes ■ No		02/18/2016		Lauce			Asso	ociate Degree			
Race American Indian Native Hawaiian			Asian White	■ Black □ Other		an American		known	☐ Not I	anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		than six (6),	those mo	ost recent.)	1						
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	icy Termination		
					■ None Uterine Perforat						ine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:	☐ Hemorrhage ☐ Cervical Laceration								
☐ Yes ■ I	No				☐ Infection ☐ Retained Products								
					☐ Other (Specify)								
Pathological examination If yes, results:						- Calc (Speedij)							
performed? ☐ Yes ■ No						Did this termination of pregnancy result in a matern							
☐ Yes ■ No						Did this termination of pregnancy result in a mate							
						i ies 🖭 No							
				Type o	of Termin	nation Procedu	res						
Drogodyna that Ta	inat-	I Drognor ov		1 J PC 0				that T-	minoto 1 D	rognang.			
Procedure that Term		•				Additional P				•			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Medical (Surgio	al) S	uction Curettage				Medical (Surgical) Suction Curettage							
	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspii r <i>(Specif</i> y)	ration			
Medicai (Surgio	ai) C	dilei (Specify)				☐ Medical	(Surgic	ai) Ouie	і (зресіју)				
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.		
		ave a post fertilization	age at least 20	weeks?					a post fert	ilization age at leas	t 20 weeks?		
☐ Yes [_ No)				_	Yes	_					
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fol	lowing questions.		
		best opportunity to surv	ive?					_	opportunit	y to survive?			
☐ Yes ☐						_	Yes L	_					
		etermination that the prior to avert death or seri									oman had a condition rment to the pregnant		
woman?			•	1		woman?	1			•	1 0		
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of th	e fetus (in weeks)		
		2/25/2015				8				6			
How were the gestational age and post fertilization age determined?													
ULTRASOUND													
Full name of physician performing termination											1		
DR. CAROL DELLINGER													
Address of physician performing termination (number and street, city, state, and zip					code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_			

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) AVENUE, BLOOMINGTON, IN, 47403	- 421 SOUTH COLLEGE	ty or town, of pregna BLOON	ncy termin		County of pregnancy termination MONROE				
	T= -	•							
Patient's age** 34 Married Yes No	Date of pregnancy termination 02/18/2016	on Educa	tion		ciate Degree				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander	☐ Asian ☐ Black or ☐ White ☐ Other	African American	☐ Unkno		nic or Latino Gispanic or Latino Unknown				
Live Births: Number now living	0		Number	now deceased	0				
Other Terminations: Number of spontan			Number	of induced termin	-				
Dates of terminations (Do not include this term	nination. If more than six (6), the	ose most recent.)		5	6				
	f time fetus survived:	4		Complic	ation(s) of Pregnancy Termination				
☐ Yes ■ No				None	☐ Uterine Perforation				
Fetus viable? If viable, medic	cal reason for termination:	Hemorrhage Cervical Lacer							
Yes No	101 101111111111			☐ Infection	☐ Retained Products				
		☐ Other (Specify)							
Pathological examination performed?									
Yes No				Did this termination Yes No	on of pregnancy result in a maternal death?				
	Type of T	Termination Procedu	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure th	nat Terminated Pro	egnancy				
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol		☐ Medical	(Nonsurgio	cal) Mifepristone cal) Misoprostol	2				
Medical (Nonsurgical) Other (Specify)				cal) Other (Speci					
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		Medical Medical	(Surgical)	Suction Curettag Menstrual Aspir	ge ration				
Medical (Surgical) Other (Specify)		Medical	(Surgical)	Other (Specify)	ation				
For Medical (Surgical) procedures, answer the	following question.	For Medical	(Surgical) p	procedures, answe	er the following question.				
Was the fetus viable or have a post fertilizati ☐ Yes ☐ No	on age at least 20 weeks?		us viable or Yes 🔲 1		ilization age at least 20 weeks?				
If the previous question was answered yes, cor	mplete the following questions.	If the previou	s question	was answered ye	s, complete the following questions.				
Was the fetus given the best opportunity to s ☐ Yes ☐ No	urvive?		us given th	ne best opportunit No	y to survive?				
What was the basis for determination that the					nat the pregnant woman had a condition				
that required the procedure to avert death or woman?	serious impairment to the pregna	that require woman?	d the proce	edure to avert dea	th or serious impairment to the pregnant				
Date last normal menses began	Physician es	timate of gestation (a	n weeks)	Post fer	rtilization age of the fetus (in weeks)				
12/19/2015 How were the gestational age and post fertilization	ation age determined?	6			4				
ULTRASOUND									
Full name of physician performing termination									
DR. CAROL DELLINGER									
Address of physician performing termination (200 S. MERIDIAN ST, INDIANAPOLIS, IN	•	ıd zip code)							
*Date Reported to DCS, if Patient under 14 (month, day, year):									
Date Reported to DCs, if Patient under	1 - (monin, aay, year):				-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPCS		21 SOUTH COLLI	EGE	City or t	town, of pregna BLOOM			, ,	ancy termination MONROE					
Detient's 44	T		Data -f	omov- +- '	mati	F1	tion								
Patient's age** 21	Married	Yes No	Date of pregna	2/18/2010		Educa	uon	9th-12	2th, No Diploma						
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	■ Hisp	y anic or Latino Hispanic or Latino	☐ Unknown					
Live Births:	Nu	mber now living	0				Numb	er now deceased	0						
Other Termination	ns: Nu	mber of spontaneou					Numb	per of induced term							
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	those m	ost recent.)		5	6						
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				Compli	cation(s) of Pregna	ncy Termination					
☐ Yes ■ 1	NO							None	Ute	erine Perforation					
Fetus viable?		If viable, medical	reason for term	ination:	tion: Hemorrhage Cervical Lacerat										
☐ Yes ■	No							☐ Infection	Ret	ained Products					
					Other (Specify)										
	Pathological examination performed? If yes, results:														
*	Yes No							Did this terminati ☐ Yes ■ N		sult in a maternal death?					
				Туре	of Termi	nation Procedur	res								
Procedure that Term	ninated Pro	egnancy				Additional Pr	ocedure	e that Terminated P	regnancy						
Medical (Nonsu								rgical) Mifepristor							
☐ Medical (Nonsu ☐ Medical (Nonsu								rgical) Misoprosto rgical) Other (Spec							
Medical (Surgional Control Contro	cal) Sucti	on Curettage				☐ Medical	(Surgic	al) Suction Curetta	nge						
	cal) Mens	strual Aspiration				☐ Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	iration						
	cur) Guici	(Speegy)				I Wedleur	(Burgie	any other (specify)							
For Medical (Surgic	al) proced	lures answer the fo	llowing questio	n		For Medical (Survice	al) procedures, answ	ver the following a	uestion					
	_	a post fertilization						e or have a post fer							
Yes [a post fertilization	age at least 20	weeks:			Yes [unzation age at lea	ist 20 weeks?					
If the previous quest	tion was a	nswered yes, comp	lete the followir	ng question	ıs.	If the previou	s questi	ion was answered y	es, complete the fo	llowing questions.					
Was the fetus gives Yes		opportunity to surv	rive?				us giver Yes [n the best opportuni No	ty to survive?						
		mination that the property of avert death or ser								oman had a condition irment to the pregnant					
woman?	rocedure t	o avert death of ser	ious impairmen	i to the pre	gnam	woman?	u uie pi	ocedure to avert de	atii or serious iiipa	infinent to the pregnant					
						<u> </u>									
Date last normal me	_			Physician	estimate	e of gestation (i	n weeks	Post fe	ertilization age of t						
How were the gestat		and post fertilization	n age determin	ed?		8			()					
ULTRASOUND	Ç	1	Ü												
Full name of physici DR. CAROL DELLI	-	ming termination													
Address of physician	n perform	-		, city, state	, and zip	code)									
200 S. MERIDIAN	ST, INDI	ANAPOLIS, IN 46	225												
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):														

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 42°	1 SOUTH COLL	.EGE Cit	ty or t	own, of pregna BLOON	ncy termination	on		County of pregr	ancy t		
Patient's age**		. ,	Date of proces	nancy terminati	or	Educat	tion						
20	Mai	ried Yes No		02/18/2016	OII	Educat	IIOII			lege, No Degre	e <u> </u>		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or ☐ Other	Africa	an American	Unknowr			ic or Latino spanic or Latino)	Unknown	
Live Births:		Number now living	0				Number nov	v dece	ased	0			
Other Termination	ns:	Number of spontaneous	s terminations 0				Number of i	nduce	d termina	ations 0			
Dates of termination	ns (Do	not include this termina	*			ost recent.)							
Fetus delivered alive		If yes, length of tin		and:	4	4	5		Complica	tion(s) of Pregna	ancv T	'ermination	
Yes •		if yes, length of thi	ne retus surviv	reu.				Non	•	_	•	Perforation	
Fetus viable? Yes	No	If viable, medical r	eason for term	nination:									
l les 🕒	NO					☐ Infection ☐ Retained Products							
Pathological examin			⊔	Othe	er (<i>Specij</i>	fy)							
performed?		If yes, results:											
☐ Yes ■ No								this ter Yes	rminatior No	of pregnancy re	esult i	n a maternal death?	
				Type of T	ermir	nation Procedur	es						
Procedure that Term	ninated	Pregnancy				Additional Pr		Гегтіп	nated Pre	gnancv			
Medical (Nonsu							(Nonsurgical)			.			
Medical (Nonsu	urgica) Misoprostol					(Nonsurgical)	Misc	oprostol	5 ₁)			
	urgica) Other (Specify)				□ Medical	(Nonsurgical)	Otne	л (Specif	y)			
☐ Medical (Surgio	cal) N	uction Curettage Ienstrual Aspiration				Medical	(Surgical) Su (Surgical) Mo	enstru	al Aspira				
Medical (Surgio						☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	ocedures, answer the foll	lowing question	on.		For Medical (Surgical) prod	cedure	es, answe	r the following o	questic	on.	
Was the fetus viab		ave a post fertilization a	ige at least 20	weeks?			us viable or ha	ive a p	oost fertil	ization age at le	ast 20	weeks?	
		as answered yes, comple	ete the followi	ng questions.		_	_	s answ	vered yes	, complete the fe	ollowi	ng questions.	
		pest opportunity to survi		G 1		-	as given the b		-	_		<i>J.</i> 1	
	No						es ☐ No	rı					
		etermination that the proure to avert death or serio										had a condition	
woman?	roceal	ne to avert ueath of sem	лаз ппрантнег	a to the pregna	uit	woman?	a are procedul	ie io av	vert ueall	i or serious imp	an mei	n to the pregnant	
Date last normal me		•		Physician est	timate	of gestation (i	n weeks)		Post fert	ilization age of		us (in weeks)	
How were the gestat		2/20/2015 age and post fertilization	age determin	l ned?		8					6		
ULTRASOUND	aonai	age and post fertilization	i uge determin	iou.									
Full name of physici													
		orming termination (num	nber and stree	t, city, state, an	ıd zip	code)							
	-	IDIANAPOLIS, IN 462											
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):									

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						town, of pregna	•			County of pregnand MC	cy termination			
Patient's age**		., 1	Date of proces	ancy termi	nation	Educa	ntion				1			
Patient's age** 20	Mar	ried □ Yes ■ No		1ancy term11 02/18/2016		Educa	iciOII		Some Co	ollege, No Degree				
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6),	those me	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ 1	No							• 1	None	☐ Uterin	ne Perforation			
					Hemorrhage Cervical Laceration									
Fetus viable? Yes 1	No.	If viable, medical	reason for term	nination:	☐ Infection ☐ Retained Products									
☐ fes 🖃 l	NO										led Products			
	Pathological avamination If was resulte:						Other (Specify)							
Pathological examination performed?	ation	If yes, results:												
Yes No						Did this termination of pregnancy result in a maternal								
								☐ Ye)				
				Туре	of Termi	nation Procedu	res							
Procedure that Term	inated	Pregnancy			_	Additional P	rocedur	e that Ter	minated Pr	egnancv				
		•								•				
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol					
		Other (Specify)							Other (Speci					
Medical (Surgice)	al) S	uction Curettage				Medical (Surgical) Suction Curettage								
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration				
☐ Medical (Surgio	al) C	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.			
Was the fetus viabl	e or h	ave a post fertilization	age at least 20	weeks?		Was the fet	us viahl	le or have	a nost fert	ilization age at least	20 weeks?			
	■ No		age at least 20	weeks.			Yes [a post tert	inzation age at least	20 Weeks.			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previou	ıs quest	ion was a	nswered ye	es, complete the follo	owing questions.			
							-		•	·				
was the letus given ☐ Yes ☐		pest opportunity to surv	ive?				us givei Yes [_	opportunit	y to survive?				
What was the basis	for d	etermination that the pr	egnant woman	had a cond	lition	What was t	he hasis	for deter	mination th	hat the pregnant won	nan had a condition			
that required the pr		re to avert death or seri				that require				th or serious impairs				
woman?						woman?								
						I								
Date last normal men	ises b	egan		Physician	n estimat	e of gestation (in week:	s)	Post fer	rtilization age of the	fetus (in weeks)			
		2/27/2015				7				5				
_	ional	age and post fertilization	n age determin	ned?										
ULTRASOUND														
Tall arms of abording a Control of											,			
Full name of physician performing termination DR. CAROL DELLINGER														
Address of physician performing termination (number and street, city, state, and zip					code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225					· 									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day.	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy terr						own, of pregna BLOOM	•			County of pregna	ncy termination ONROE		
Patient's acce**		. ,	Data of mac-	ancy tormi	nation	Educa	ntion						
27	Mar	ried ☐ Yes ■ No		02/18/2016		Educa	шоп		Some Co	ollege, No Degree	,		
Race American Indian Native Hawaiian		laska Native	Asian White	_	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d		0			
Other Termination	s•	Number of spontaneou					Numb	er of ind	uced termin	nations			
		not include this termina		than six (6),		ost recent.)		5.		6.			
Fetus delivered alive	?	If yes, length of tin				**			Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ I		, and a great and							None	☐ Uter	ine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:									
☐ Yes ■ I	No							☐ I	nfection	☐ Reta	ined Products		
					☐ Other (Specify)								
Pathological examin													
performed?	performed? ☐ Yes ■ No							D: 1.11		<u> </u>	1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
Yes No								Yes			ult in a maternal death?		
<u> </u>						1.00							
				Type	of Termi	nation Procedu	res						
D • • =		l D		Турс	, 1011IIII			., -	•				
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy			
Medical (Nonsu									/lifepriston				
☐ Medical (Nonsu ☐ Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)							Aisoprostol Other (Speci				
	_								_				
Medical (Surgio		uction Curettage Ienstrual Aspiration							on Curettag strual Aspir				
Medical (Surgio									r (Specify)	idiloli			
For Modical (Surgice	01) pr	ocedures, answer the fol	llowing questic			Eor Madical	(Curaia	1) proces	luras ansur	er the following qu	action		
							_	_					
	le or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at leas	t 20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ve	es, complete the fol	lowing questions.		
				8 1			_		-	_	<i>3</i> 1		
Yes [pest opportunity to surv	ive:				Yes [_	оррогиши	y to survive?			
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	man had a condition		
that required the procession woman?	ocedu	re to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	rment to the pregnant		
woman?						woman?							
Date last normal men		•		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of th	· · · · · ·		
How were the cost-t		1/20/2015	n aga data	l ned?		13				11			
How were the gestational age and post fertilization age determined? ULTRASOUND													
OLIMAGOUND													
Full name of physician performing termination													
DR. CAROL DELLINGER													
Address of physician performing termination (number and street, city, state, and zip					code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE	
		1 -				
23 Yes • No	ancy termination 02/18/2016	Educa	tion		ollege, No Degree	
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		nnic or Latino Hispanic or Latino	
Live Births: Number now living			Numb	er now deceased	0	
Other Terminations: Number of spontaneous terminations 1			Numb	er of induced termin	-	
Dates of terminations (Do not include this termination. If more that L. UNKNOWN 2. 3.	han six (6), those m	ost recent.)		5	6	
Fetus delivered alive? Yes No If yes, length of time fetus survive	ed:			Complic	cation(s) of Pregnancy Termination	
				■ None	Uterine Perforation	
Fetus viable? If viable, medical reason for term	ination:			☐ Hemorrhage	_	
☐ Yes ■ No				☐ Infection ☐ Other (Spec	Retained Products	
Pathological examination If yes, results:				☐ Other (spec	2(1)	
performed?				Did this termination	on of pregnancy result in a maternal death?	
				Yes No	1 5	
	Type of Term	ination Procedu	res			
Procedure that Terminated Pregnancy	Type of Terms			that Terminated Pr	regnancy	
☐ Medical (Nonsurgical) Mifepristone				rgical) Mifepriston		
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsu	rgical) Misoprostol rgical) Other (Spec		
Medical (Surgical) Suction Curettage		☐ Medical	(Surgic	al) Suction Curetta	ge	
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)				al) Menstrual Aspir al) Other (Specify)	ration	
For Medical (Surgical) procedures, answer the following question	n.	For Medical (Surgica	l) procedures, answ	ver the following question.	
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		us viabl Yes 🗀		ilization age at least 20 weeks?	
If the previous question was answered yes, complete the following	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.	
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	ty to survive?	
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition	
that required the procedure to avert death or serious impairmen woman?	it to the pregnant	woman?	a tne pro	ocedure to avert dea	th or serious impairment to the pregnant	
	l m			1		
Date last normal menses began 12/25/2015	Physician estima	te of gestation (<i>i</i>	n weeks	Post fe	rtilization age of the fetus (in weeks) 7	
How were the gestational age and post fertilization age determin ULTRASOUND	ed?					
L						
Full name of physician performing termination DR. CAROL DELLINGER						
Address of physician performing termination (number and street 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	code)				
200 S. IVIENIDIAN ST, INDIANAPOLIS, IN 40225						
**Date Reported to DCS, if Patient under 14 (month, day, year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City (or town, of pregna BLOOM	ncy termination	County of pregnancy termination MONROE						
Patient's age** Married Date of pregn	nancy termination	Educa	tion							
	nancy termination 02/18/2016	Educa		gh School Diploma or GED						
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Af ☐ Other	rican American		Ethnicity ■ Hispanic or Latino □ Not Hispanic or Latino □ Unknown						
Live Births: Number now living 0			Number now dec	eased 0						
Other Terminations: Number of spontaneous terminations			Number of induc	ed terminations						
Dates of terminations (Do not include this termination. If more to	than six (6), those	most recent.)		0						
1 2 3		4	5	6						
Fetus delivered alive? If yes, length of time fetus surviv	ved:			Complication(s) of Pregnancy Termination						
☐ Yes ■ No			■ No	ne Uterine Perforation						
			□ He	morrhage						
Fetus viable? If viable, medical reason for term	nination:			ection						
☐ Yes ■ No				_						
			Otl	ner (Specify)						
Pathological examination performed?										
Yes No			Did this to	ermination of pregnancy result in a maternal death						
			☐ Yes	■ No						
	Type of Ter	mination Procedu	es							
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Termi	nated Pregnancy						
_										
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol			(Nonsurgical) Mif (Nonsurgical) Mis							
Medical (Nonsurgical) Other (Specify)			(Nonsurgical) Oth							
Medical (Surgical) Suction Curettage		- — Medical	(Surgical) Suction	Curattaga						
☐ Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical) Menstr	ual Aspiration						
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical) Other (Specify)						
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgical) procedur	es, answer the following question.						
Was the fetus viable or have a post fertilization age at least 20				post fertilization age at least 20 weeks?						
Yes No	weeks:		Yes No	post terrifization age at least 20 weeks:						
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was ans	wered yes, complete the following questions.						
	ing questions:		-							
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given the best op Yes No	pportunity to survive?						
What was the basis for determination that the program woman	had a condition	What was th	a basis for datarm	ingtion that the progrant woman had a condition						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmer				ination that the pregnant woman had a condition avert death or serious impairment to the pregnant						
woman?		woman?								
Date last normal menses began	Physician estin	nate of gestation (i	n weeks)	Post fertilization age of the fetus (in weeks)						
11/25/2015		12		10						
How were the gestational age and post fertilization age determin	ned?									
ULTRASOUND										
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (number and street	t, city, state, and	zip code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	.,,,, unu	·r/								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	ancy terr			County of pregnar	ncy termination ONROE			
Patient's age**	1 · /	المام	Date of pregn	nancy termin	nation	Educa	ntion				1			
26	Maı	Tied ☐ Yes ■ No		02/18/2016		Lauce			Bach	nelor's Degree				
Race American Indian Native Hawaiian			Asian White	■ Black □ Other		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	per now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin		than six (6),	those mo	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination			
								1	None	e Uterine Perforation				
Fetus viable?		If viable, medical	reason for term	nination:				I	Hemorrhag	e 🔲 Cerv	ical Laceration			
☐ Yes ■ I	No							I	nfection	☐ Retai	ned Products			
									Other (Spec	cify)				
Pathological examin	ation	If yes, results:												
performed?	. T							=						
☐ Yes ■	No							Did thi		on of pregnancy resu	alt in a maternal death?			
				Type o	of Termin	nation Procedu	res							
Drogodyna that Ta	inat-	I Drognor ov		1) po 0				a that T.	minoto 1 D	rognono.				
Procedure that Term		•				Additional P								
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol					
		l) Other (Specify)							Other (Spec					
Medical (Surgio	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge				
	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii r (Specify)	ration				
Medicai (Surgio	ai) C	dilei (Specify)				☐ Wiedical	(Surgic	ai) Ouie	і (зресіју)					
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
		nave a post fertilization	age at least 20	weeks?					a post fert	ilization age at least	20 weeks?			
☐ Yes [_ No)				_	Yes [_						
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	s.	If the previou	us quest	ion was a	nswered ye	es, complete the foll	owing questions.			
		best opportunity to surv	ive?					_	opportunit	ty to survive?				
☐ Yes ☐	_					_	Yes [
		etermination that the prior to avert death or seri									man had a condition ment to the pregnant			
woman?			•			woman?	•			•	1 0			
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in week:	s)	Post fe	rtilization age of the	e fetus (in weeks)			
	2/28/2015			6				4						
How were the gestat ULTRASOUND	age and post fertilization	n age determin	ned?											
CLINAGOUND														
Full name of above: -:	or re	rforming tamningtion												
DR. CAROL DELLI	_	rforming termination R												
	-	orming termination (num		t, city, state,	, and zip	code)								
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225											
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPCS		21 SOUTH COLLI	EGE	City or t	town, of pregna BLOON			Cor	unty of pregnand MO	cy termination NROE
T	ı		D			T = -	.•				
Patient's age** 21	Married	Yes No	Date of pregna	ancy termi 02/18/201		Educa	tion			e, No Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		ispanic o	or Latino nic or Latino	Unknown
Live Births:	Nu	mber now living	0				Numb	er now deceased	l	0	
Other Termination	ns: Nu	mber of spontaneou					Numb	per of induced te	rminatio	-	
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	, those m	ost recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				Com	plication	n(s) of Pregnanc	y Termination
	110							None None			ne Perforation
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorr	hage	☐ Cervi	cal Laceration
☐ Yes ■ 1	No							☐ Infection		☐ Retair	ned Products
Pathological examin	ation	If yes, results:						Other (S	(pecify)		
performed?		ii yes, iesuits.									
☐ Yes ■	NO								No No	pregnancy resu	It in a maternal death?
				Type	of Termi	nation Procedu	res				
Procedure that Term	ninated Pre	egnancy				Additional Pr	ocedure	e that Terminate	l Pregna	ncy	
☐ Medical (Nonsu ☐ Medical (Nonsu ☐ Medical (Nonsu	urgical) M	/lisoprostol					(Nonsu	rgical) Mifepris rgical) Misopro rgical) Other (S	stol		
	argicur) c	other (specify)				Medicar	(1 tollsu	rgicur) Other (b	pecify		
Medical (Surgional Control Contro								al) Suction Cur			
☐ Medical (Surgio		strual Aspiration r (Specify)						al) Menstrual A al) Other (Speci		1	
For Medical (Surgic	al) proced	lures, answer the fo	llowing question	n.		For Medical	Surgica	al) procedures, a	nswer th	e following que	stion.
Was the fetus viab		a post fertilization	age at least 20 v	weeks?			us viabl Yes [e or have a post No	fertilizat	ion age at least	20 weeks?
If the previous quest	tion was a	nswered yes, comp	lete the followir	ng question	ıs.	If the previou	s questi	ion was answere	d yes, co	omplete the follo	owing questions.
Was the fetus gives Yes		opportunity to surv	rive?				us giver Yes [n the best opport No	unity to	survive?	
		mination that the properties of avert death or ser									nan had a condition nent to the pregnant
Date last normal me	nses bega	n		Physician	n estimate	e of gestation (i	n weeks	s) Pos	t fertiliz	ation age of the	fetus (in weeks)
How were the gestat		23/2015	on age determin	ed?		8				6	
ULTRASOUND		F									
Full name of physici	ian norfo	ming tarmination									
DR. CAROL DELLI	INGER										
Address of physician 200 S. MERIDIAN S	_	-		, city, state	e, and zip	code)					
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregn BLOO	ancy ter			County of pregnan	cy termination DNROE
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation				
33	Maı	Tied ☐ Yes ■ No		02/18/2016		Lauc	/11		Bach	elor's Degree	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Africa	an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numl	per now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin		than six (6),	those mo	ost recent.)	1				
1		2	3			4		5	G 1:	6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	ey Termination
	. 10							• 1	None	Uteri	ne Perforation
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhag	e 🔲 Cervi	cal Laceration
Yes I	No	ii viable, illedicar	reason for term	illiation.				I	nfection	☐ Retai	ned Products
									Other (Spec	rify)	
Pathological examin	ation	If yes, results:							Juici (Spec	.(1)	
performed?	ation	if yes, results.									
☐ Yes ■	No							Did this		on of pregnancy resu	lt in a maternal death?
									5 🗀 110	,	
					CTE :						
				Type o	nation Procedu	ires					
Procedure that Term	inated	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy	
Medical (Nonsu									/lifepriston		
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)							Aisoprostol Other (Spec		
	1) 0							1) 0			
☐ Medical (Surgio	al) N	uction Curettage Ienstrual Aspiration				☐ Medica	(Surgic (Surgic	al) Sucti al) Mens	on Curettag strual Aspin	ge ration	
☐ Medical (Surgio	al) C	Other (Specify)							r (Specify)		
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fe	nıs viabl	le or have	a post fert	ilization age at least	20 weeks?
	■ No		age at least 20	weeks.			Yes [u post ter	mention age at reast	20 Weeks.
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus give	n the	best opportunity to surv	rive?			Was the fe	tus givei	n the best	opportunit	y to survive?	
☐ Yes [_	Yes [_	·FF	<i>y</i>	
		etermination that the pr								hat the pregnant wor	
that required the pr woman?	ocedi	ire to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant
Dili				DI · ·		<u> </u>		,	- B - C	/11: /1 0.5	<u> </u>
Date last normal men		egan 2/15/2015		Physician	estimate	e of gestation (ın week.	5)	Post fe	rtilization age of the 6	ietus (in weeks)
How were the gestat	age and post fertilization	n age determin	ned?					1			
ULTRASOUND											
Full name of physici DR. CAROL DELLI	_	rforming termination									
	-	orming termination (num		t, city, state,	and zip	code)					
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225								
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE Ci	ity or t	own, of pregna BLOOM	ncy termination	on	Cour		ocy termination
Patient's age**		., ,	Date of near	nancy terminat	ion	Educat	tion				
23	Mar	ried □ Yes ■ No		02/18/2016	1011	Educal		Soi	me College	, No Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black or	Afric	an American	Unknowr	•	nnicity Hispanic or Not Hispan		☐ Unknown
Live Births:		Number now living	1				Number nov	v decea	sed	0	
Other Termination	ns:	Number of spontaneou	s terminations 0	1			Number of i	nduced	terminations	s 0	
Dates of termination	ns (Do	not include this termina		than six (6), the	ose mo	ost recent.)					
1						4	5	·	omplication(s) of Pregnance	cy Termination
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:				None		_	ne Perforation
Fetus viable?		If viable, medical 1	eason for term	nination:					orrhage		ical Laceration
☐ Yes ■	No							Infec	tion	∐ Retai	ned Products
								Other	(Specify)		
Pathological examin performed?	nation	If yes, results:									
☐ Yes ■	No								nination of p	oregnancy resu	alt in a maternal death?
								Yes	I NO		
				Type of	Termi	nation Dropody	****				
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)				
Medical (Nonst	urgica) Other (Specify)				☐ Medical	(Nonsurgical)	Other	(Specify)		
		uction Curettage					(Surgical) Su				
Medical (Surgio		Ienstrual Aspiration ther (Specify)					(Surgical) M (Surgical) Ot				
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) prod	cedures	, answer the	following que	estion.
Was the fetus viab	le or h	ave a post fertilization	age at least 20	weeks?						on age at least	
☐ Yes [Yes No	r			
If the previous quest	tion w	as answered yes, compl	ete the followi	ing questions.		If the previou	s question wa	s answe	ered yes, con	nplete the follo	owing questions.
		pest opportunity to surv	ive?				us given the b	est opp	ortunity to su	ırvive?	
	□ No					_	Yes No				
that required the p		etermination that the pr are to avert death or seri				that required					man had a condition ment to the pregnant
woman?						woman?					
Date last normal me		egan 1/01/2016		Physician es	stimate	e of gestation (i	n weeks)	I	Post fertilizat	tion age of the	fetus (in weeks)
How were the gestat		age and post fertilization	n age determir	ned?		•				<u> </u>	
ULTRASOUND											
Full name of physics DR. CAROL DELLI											
Address of physician	n perfo	orming termination (nur		rt, city, state, ar	nd zip	code)					
200 S. MERIDIAN	ST, IN	IDIANAPOLIS, IN 462	225								
**Date Reported	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Pelicul's ages** Mainted Yes No 02/18/2018 Education High School Diploms or GED	Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 4: 47403	21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	ancy term			County of pregnance	ey termination NROE		
Medical (Norwargical) More No No CAZ/18/2016 Mills	.	1		D : 1			1							
Anatonic Indiana or Alaska Native Waite Olitor Ol	19	Marr			-		Educa	ntion	I			1		
Number of spontaneous terminations Number of spontaneous terminations Number of induced termi	American Indian				=	or Afric	an American	☐ Unl	known	■ Hispa	nic or Latino	☐ Unknown		
Other Terminations Namiber of subdatables estimated to	Live Births:]	Number now living					Numb	er now d		•			
Dates of terminations (Do not include that termination. If your blant six (6), those most recent.) Termination Termination	Other Termination	ns:	Number of spontaneou					Numb	er of ind	uced termin	nations			
Fetts delivered alive? If yes, length of time fetas survived: Complication(s) of Programey Termination None Uterine Perforation None Uterine Perforation Uterine Perforation Homortrage Cervical Lacertation If yes, results: If yes, results: Did this termination If yes, results: Did this termination of pregnancy result in a maternal death? Yes No None Uterine Perforation If yes, results: Did this termination of pregnancy result in a maternal death? Yes No None Other (Specify) None (Spec			not include this termin	0 ation. If more t	than six (6).	those m	ost recent.)				0			
None Uterine Perforation	1						4		5		6			
None Utritine Perfocation			If yes, length of ti	me fetus surviv	ved:					Complic	ation(s) of Pregnanc	y Termination		
Fetts visible? If visible, medical reason for termination: Infection Retained Products	☐ Yes ■	No							• 1	None	☐ Uterin	e Perforation		
Fetts visible? If visible, medical reason for termination: Infection Retained Products									Пі	Hemorrhage	e	cal Laceration		
Pathological examination Pathological examination Procedures Procedure that Terminated Pregnancy Procedure (Nonsurgical) Misiepristone Procedure (Nonsurgical) Misiepristo			If viable, medical	reason for term	nination:					C				
Pathological examination performed No	∐ Yes ■	No							☐ 1	nfection	☐ Retain	ned Products		
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Type of Termination Procedures Type of Termination Procedures		No							Did this	s terminatio	on of pregnancy resul	It in a maternal death?		
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Medical (Nonsurgical) Other (Specify)							Medical	(Nonsur	rgical) N	lifepristone	e			
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Was the fetus given the best opportunity to survive? What was the basis for determination that the pregnant wonant the pregnant		_	we a post fertilization	age at least 20	weeks?					a post ferti	ilization age at least?	20 weeks?		
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How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	woman?						woman?							
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225														
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225														
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	Date last normal me	nses be	gan		Physician	estimate	e of gestation (in weeks)	Post fer	rtilization age of the	fetus (in weeks)		
Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225		01	/18/2016								_	·		
Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	_	ge and post fertilization	on age determin	ned?			-	-						
DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	ULTRASOUND													
DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225														
Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225		-	-	<u> </u>										
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225				mher and stree	t city state	and zin	code)							
		-	-		., спу, мие,	, ини ДІР	coue)							
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**Data Papartad to DCS if Patient under 14 (month January)														
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	**Data Dan 1	to DCC	I if Dationt we don't	1 (man). 1	mage!									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnar	ncy termination ONROE		
Patient's age**		1	Date of pregn	nanov tomo:	nation	Educa	tion						
33	Maı	ried ☐ Yes ■ No		02/18/2016		Educa	ition	ı	High Scho	ol Diploma or GE	D		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		than six (6),	those me	ost recent.)	l						
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
res • r	NO							• 1	None	☐ Uteri	ne Perforation		
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	Vo	If viable, medical	reason for term	nnation:				Пі	nfection	☐ Reta	ined Products		
										_			
Data ta ta ta ta	<i>,</i> •	TC 1						Ь,	Other (Spec	ugy)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									on of pregnancy res	ult in a maternal death?		
								☐ Ye	s 🔳 No	0			
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)				☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Speci				
i Wedicai (Nollsu	iigica	i) Other (specify)				Wiedicai	(INOIISU	igicai) C	otilei (speci	ijy)			
		uction Curettage				Medical	(Surgic	al) Sucti	on Curettag	ge			
Medical (Surgio		Ienstrual Aspiration Other (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
	1)	1	11				/G :	1)		4 6 11 .			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.		
	le or l	have a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at leas	t 20 weeks?		
	_		i a cu :	,.		_	_	_		11 . 0.11	. ,.		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	S.	If the previou	is questi	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?			
	_					_		_					
		etermination that the prior to avert death or seri									man had a condition ment to the pregnant		
woman?						woman?							
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	e fetus (in weeks)		
		2/16/2015				9				7			
=	age and post fertilizatio	ned?											
ULTRASOUND													
-													
Full name of physici DR. CAROL DELLI	_	rforming termination											
		orming termination (num	mber and street	t, city, state,	, and zip	code)							
	-	NDIANAPOLIS, IN 46											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE	City or to	own, of pregn BLOOI	ancy tern			, , ,	ancy termination MONROE
			n · ·			T = :					
Patient's age** 24	Marrie [ed Yes • No	Date of pregr	nancy termin 02/18/2016		Educa	ation	ŀ		ool Diploma or G	ED
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	an American	☐ Unl	known		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	N	umber now living	2				Numb	er now d		0	
Other Termination	s: N	umber of spontaneou		ļ			Numb	er of ind	uced termi		
Dates of termination			v			ost recent.)				0	
Fetus delivered alive		If yes, length of ti				4		5	Complie	cation(s) of Pregna	ancy Termination
Yes I		ii yes, leligili oi ti	ilie ietus sui viv	veu.				■ N	1	_	erine Perforation
										_	
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_	rvical Laceration
Yes •	No								nfection	☐ Re	tained Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this	s terminati	on of pregnancy re	esult in a maternal death?
								☐ Yes	s 🔳 N	0	
				Type of	of Termin	nation Procedu	ires				
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
Medical (Nonsu									/lifepriston		
Medical (Nonsu Medical (Nonsu									Aisoprosto Other (Spec		
									_		
Madical (Sympic	nal) Cua	tion Cumattage				☐ Madiaa	I (Cumaias	1) Custi	on Curetta		
	cal) Me	nstrual Aspiration				☐ Medica	l (Surgica	al) Mens	strual Aspi		
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical	l (Surgica	al) Other	r (Specify)		
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgica	l) proced	lures, answ	er the following of	question.
	le or hav ☐ No	ve a post fertilization	age at least 20	weeks?			tus viable Yes 🗀		a post fer	tilization age at lea	ast 20 weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previo	us questi	on was a	nswered y	es, complete the fo	ollowing questions.
	n the bea	st opportunity to surv	vive?					the best	opportuni	ty to survive?	
		ermination that the p	reanant women	had a cond:	ition	_	_	_	mination t	hat the process	voman had a condition
that required the pr		to avert death or ser				that require					airment to the pregnant
woman?						woman?					
Date last normal me	_	an /03/2016		Physician	estimate	of gestation (in weeks)	Post fe	_	he fetus (in weeks)
How were the gestat		ned?		'				· · · · · · · · · · · · · · · · · · ·	<u>-</u>		
ULTRASOUND											
Full name of physici DR. CAROL DELLI	NGER	-									
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)					
	,	52.5, 40									
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP0		21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	ancy tern			County of pregnar	ocy termination
	ı		-			T					
Patient's age** 28	Marri	ed Yes I No	Date of pregn	nancy termin 02/18/2016		Educa	ation	I		ol Diploma or GEI)
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	□ Unl	known		nnic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	2					er now d		0	
Other Termination	. l	Number of spontaneou					Numbe	er of ind	uced termin		
		ot include this termin	0 ation. If more t	than six (6),	those m	ost recent.)				1	
1. UNKNOWN		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnano	cy Termination
☐ Yes ■	No								None	☐ Uteri	ne Perforation
Estera sciable?		Te-d-lile medical						□ I	Hemorrhage	e 🔲 Cerv	cal Laceration
Fetus viable? Yes	No	If viable, medical	reason for term	iination:					nfection	☐ Retai	ned Products
									Other (Spec	rify)	
Pathological examin	ation	If yes, results:							outer (opec	.(1)	
performed?		ii yes, resuits.									
☐ Yes ■	No							Did this			alt in a maternal death?
L		1								-	
				Type	of Tarmi	nation Procedu	rec				
		_		1 ype 0	71 TCI IIII						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsur	rgical) N	Aifepristone Aisoprostol	e	
		Other (Specify)				Medical	(Nonsur	rgical) C	Other (Speci	ify)	
Medical (Surgional Control Contro	ral) Su	ction Curettage					(Surgice	al) Sucti	on Curettag	ge	
☐ Medical (Surgio	cal) Me	enstrual Aspiration				☐ Medical	(Surgica	al) Mens	strual Aspir		
Medical (Surgio	cal) Ot	her (Specify)				☐ Medical	(Surgica	al) Othe	r (Specify)		
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	estion.
		ve a post fertilization	age at least 20	weeks?					a post ferti	ilization age at least	20 weeks?
	■ No						Yes	_			
If the previous quest	ion was	s answered yes, comp	lete the following	ng questions	S.	If the previou	as questi	on was a	nswered ye	es, complete the foll	owing questions.
Was the fetus give ☐ Yes [est opportunity to surv	rive?				tus given Yes		opportunit	y to survive?	
What was the basis	s for de	termination that the p	regnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	nan had a condition
that required the pr		e to avert death or ser				that require					ment to the pregnant
woman?						woman?					
Date last normal me		-		Physician	estimate	e of gestation (in weeks)	Post fer	rtilization age of the	fetus (in weeks)
How were the gestat		2/10/2015 ge and post fertilization	on age determin	l ned?		9				7	
ULTRASOUND											
Full name of physici	ian perf	forming termination									
DR. CAROL DELLI											
	-	ming termination (null DIANAPOLIS, IN 46		t, city, state,	and zip	code)					
	J., III	52.5, 111 70									
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregn BLOOI	ancy term				ancy termination	
Detical and			D-/ C		-4:		-4: -					
Patient's age**	Marrie	d Yes No	Date of pregr	02/18/2016		Educa	ation	ŀ		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	nn American	☐ Unk	nown		/ anic or Latino Hispanic or Latino	Unknov	vn
Live Births:		umber now living						r now d		0	-	
Other Termination	s: N	umber of spontaneou	us terminations	1			Numbe	er of indu	uced termi			
Dates of termination			•			ost recent.)				0		
Fetus delivered alive		If yes, length of ti			4	1		5	Complia	cation(s) of Pregn	ancy Termination	
Yes I		ii yes, iengui oi u	ille fetus surviv	veu.				■ N		_	erine Perforation	
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_	rvical Laceration	
Yes •	No								nfection	☐ Re	tained Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s termination	on of pregnancy r	esult in a maternal of	death?
								☐ Yes	s 🔳 N	0		
				Type of	f Termin	nation Procedu	ires					
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Terr	minated Pr	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu Medical (Nonsu									lisoprostol other (Spec			
Medical (Surgio	nal) Sua	tion Curattaga				☐ Medical	(Curaiae	1) Suoti	on Curetta			
Medical (Surgio	cal) Mer	nstrual Aspiration				☐ Medica	(Surgica	l) Mens	strual Aspi			
Medical (Surgio	cal) Oth	er (Specify)				∐ Medica	(Surgica	l) Other	r (Specify)			
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) proced	lures, answ	ver the following of	question.	
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	tilization age at le	ast 20 weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previo	us questio	on was ai	nswered ye	es, complete the f	ollowing questions.	
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?		
	_	remination 45-2 4	ragnant	hod a "	tion	_	_		minoti-	hat the man	roman had	ior
that required the pr		ermination that the part to avert death or ser				that require					voman had a condit airment to the pregr	
woman?						woman?						
Date last normal me	_	an 15/2015		Physician	estimate	of gestation (in weeks)		Post fe	_	the fetus (in weeks)	
How were the gestat		ned?		U					<u> </u>			
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	_										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
	,											
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	 year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP		1 SOUTH COLL	.EGE C	City or t	own, of pregna BLOOM	ncy termination	on	County of pregnancy termination MONROE		
Patient's age**	Morri	ied	Date of pregr	nancy termina	tion	Educa	tion				
22	Marr	Yes No		02/25/2016		Luuca			ool Diploma or GED		
Race American Indiana Native Hawaiian	or Oth	-	Asian White	☐ Black or ■ Other	r Africa	an American	Unknown	ı ■ Not	ry panic or Latino Hispanic or Latino		
Live Births:							Number of i		0		
Other Terminations	•	Number of spontaneous	0				Number of 1	naucea term	0		
Dates of terminations	(Do r	not include this termina	tion. If more t	than six (6), th	iose mo	ost recent.)			4		
Fetus delivered alive? Yes N		If yes, length of tin		ved:		+		_	ication(s) of Pregnancy Termination		
							"	None	Uterine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:			$\neg \uparrow \neg$	Hemorrha	ge Cervical Laceration		
☐ Yes ■ N	o							Infection	☐ Retained Products		
								Other (Spe	ecify)		
Pathological examina	tion	If yes, results:									
performed?	Vo						Did t		ion of pregnancy result in a maternal death?		
							•				
				Type of	Termiı	nation Procedur	res				
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure that T	Terminated F	Pregnancy		
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone											
Medical (Nonsur	■ Medical (Nonsurgical) Misoprostol										
Medical (Nonsur	Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
Medical (Surgica		ction Curettage enstrual Aspiration					(Surgical) Su (Surgical) Me				
Medical (Surgica						Medical	(Surgical) Ot	her (Specify))		
For Medical (Surgical	l) prod	cedures, answer the following	lowing question	on.		For Medical ((Surgical) prod	cedures, ansv	wer the following question.		
Was the fetus viable ☐ Yes ☐		we a post fertilization a	age at least 20	weeks?			us viable or ha	ive a post fer	rtilization age at least 20 weeks?		
	_	s answered yes, comple	ete the followi	ng questions.		_	_	s answered v	ves, complete the following questions.		
Was the fetus given	the be	est opportunity to survi		8 1		Was the fet	us given the b	•	ity to survive?		
☐ Yes ☐	_					_	Yes				
that required the pro		termination that the pro e to avert death or serio				that require			that the pregnant woman had a condition eath or serious impairment to the pregnant		
woman?						woman?					
						<u> </u>					
Date last normal men		gan 1/05/2016		Physician e	estimate	e of gestation (i	in weeks)	Post f	ertilization age of the fetus (in weeks) 4		
How were the gestation		ge and post fertilization	n age determin	l ned?		U			'		
ULTRASOUND											
Full name of physicia DR. CAROL DELLIN	IGER										
Address of physician 200 S. MERIDIAN S	-	rming termination (nun		t, city, state, a	ınd zip	code)					
	.,	52.5, 111 102									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregna BLOOM	nncy termin			County of preg	gnancy MONI	
Dations 2			D-4 C		_4:_	F-1	4:					
Patient's age** 26	Marrie	ed ☐ Yes ■ No	Date of pregr	02/25/2016		Educa	tion	F		ool Diploma or	GED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black o	or Africa	n American	☐ Unkn	nown		/ anic or Latino Hispanic or Latir	10	Unknown
Live Births:		umber now living					Number			0		
Other Termination	s: N	umber of spontaneou	•	<u> </u>			Number	of indu	iced termi			
Dates of termination			v	, ,		st recent.)				0		
I					4	·		5	Complia	cation(s) of Preg	nancy T	Termination
Fetus delivered alive		If yes, length of ti	ille fetus surviv	ved:				■ N	•		•	Perforation
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Iemorrhag	e ∐ C	Cervical	Laceration
Yes •	No							☐ Iı	nfection	☐ R	Retained	l Products
									ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Ī	Did this	termination	on of pregnancy	result i	n a maternal death?
								Yes	■ No	0		
				Type of	f Termin	ation Procedu	res					
Procedure that Term	inated P	regnancy				Additional Pr	rocedure th	hat Teri	ninated Pr	regnancy		
Medical (Nonsu							(Nonsurgi					
Medical (Nonsu							(Nonsurgi					
Medical (Surgional Control Contro	ral) Suc	tion Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge		
☐ Medical (Surgio	cal) Mei	nstrual Aspiration				■ Medical	(Surgical)) Mens	trual Aspi			
Medical (Surgio	cai) Oth	er (Specify)					(Surgical)) Otner	(Ѕресіƒу)			
For Medical (Surgice	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)	proced	ures, answ	er the following	questi	on.
	le or hav ■ No	e a post fertilization	age at least 20	weeks?			us viable o Yes 🔲		a post fert	tilization age at l	least 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.		If the previou	ıs question	ı was aı	nswered ye	es, complete the	follow	ing questions.
	n the bes	st opportunity to surv	vive?				us given th		opportunit	ty to survive?		
	_	ermination that the p	regnant woman	n had a condit	tion	_	_		mination f	hat the pregnant	womar	n had a condition
		to avert death or ser										nt to the pregnant
woman:						woman:						
Data last as 1	maa- 1			Dia: '		of as-t-t'	i		DC		F 41 C :	by Grant - L-1
Date last normal me	_	an 19/2015		riiysician	esumate	of gestation (a	ın weeks)		Post ie	rtilization age of	the fet	lus (<i>in weeks)</i>
How were the gestat	ional ag	e and post fertilization					1					
ULTRASOUND												
En com												
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		et, city, state, o	and zip	code)						
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE EVENUE, BLOOMINGTON, IN, 47403						own, of pregna	•			County of pregnar	ncy termination ONROE
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	ution				
Patient's age** 21	Mai	ried ☐ Yes ■ No		nancy termir 02/25/2016		Educa	ui0II		Some Co	ollege, No Degree	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations	
Dates of termination _{1.} 05/22/2014	s (Do	not include this termin	v	than six (6),		ost recent.)		5		6	
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination
☐ Yes ■ I	No							■ 1	None	☐ Uteri	ne Perforation
								П	Hemorrhage	e 🗆 Cerv	ical Laceration
Fetus viable?	_	If viable, medical	reason for term	nination:					Ü	_	
☐ Yes ■ I	No							□ I	nfection	☐ Retai	ned Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this	s terminatio	on of pregnancy resi	alt in a maternal death?
								☐ Yes			
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy	
Medical (Nonsu									//////////////////////////////////////	•	
Medical (Nonsu	ırgica) Misoprostol				Medical	(Nonsu	rgical) N	/lisoprostol		
Medical (Nonsu	ırgica) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)	
Medical (Surgio	al) S	uction Curettage							on Curettag		
☐ Medical (Surgion Med		Ienstrual Aspiration							strual Aspir r (Specify)	ration	
Wiediem (Burgie	<i>(</i> (1)	dier (speegy)				Wiedican	(Burgie	ar) Ouic	г (Бресцу)		
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.
	le or l	ave a post fertilization	age at least 20	weeks?		_	us viabl Yes [_	a post fert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.
Was the fetus given ☐ Yes [pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?	
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	man had a condition
that required the pr		ire to avert death or seri				that require					ment to the pregnant
woman?						woman?					
Date last normal men		•		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	e fetus (in weeks)
How were the gestat		1/10/2016 age and post fertilization	n age determin	led?		6				4	
ULTRASOUND		Poor Portineatio	₀ - actermin								
DR. CAROL DELLI	NGE										
	-	orming termination (num		t, city, state,	, and zip	code)					
200 S. WERIDIAN S	וו, ונ,	UIAINAFULIS, IN 46									
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	PCSI) (MONROE CO.) - 421 S	OUTH COLLE	EGE	or town, of pre	_	ncy terminatio	n		County of pr		y termination NROE
Datient's acc**		., In	ata of ansa-	ancy termination	, 151	ucati	ion					
Patient's age** 22	Mar	ried Di		2/25/2016	i Edi	ucati	ion			ollege, No De	gree	
Race American Indiana Native Hawaiian		_	Asian White	☐ Black or A	frican America		☐ Unknown			nnic or Latino Hispanic or Lat	tino	Unknown
Live Births:		Number now living	0				Number now			0		
Other Terminations	s:	Number of spontaneous te					Number of in	nduce	ed termi			
Dates of termination	s (Do	not include this terminatio	•									
Fetus delivered alive	.2	If yes, length of time			4		5.		Complic	ation(s) of Pre	egnancy	7 Termination
Yes I		if yes, length of time	ietus sui vive	zu.				Nor	-			e Perforation
									norrhag			al Laceration
Fetus viable?	NI o	If viable, medical reas	son for term	ination:					Č			ed Products
☐ Yes ■ N	NO								ection	_	Ketain	ed Products
Pathological examina	ation	If yes, results:						Oth	er (Spec	rify)		
performed?		ii yes, resuits:										
Yes ■ No Did this termination of pregnancy result in a maternal de Yes ■ No										t in a maternal death?		
				Type of Ter	mination Proce	edure	es					
Procedure that Term	inated	Pregnancy			Additiona	ıl Pro	ocedure that T	'ermiı	nated Pr	egnancy		
☐ Medical (Nonsu							(Nonsurgical)					
Medical (Nonsu	ırgical				☐ Medi	ical ((Nonsurgical) (Nonsurgical)	Miso	oprostol			
	ırgıcaı) Other (<i>Specify</i>)			L Medi	icai ((Nonsurgical)	Otne	er (<i>spec</i>	(Jy)		
					_							
■ Medical (Surgic ■ Medical (Surgic		uction Curettage Ienstrual Aspiration			☐ Medi	ical ((Surgical) Suc (Surgical) Me	enstru	ıal Aspi			
Medical (Surgic	al) O	ther (Specify)			☐ Medi	ical ((Surgical) Oth	ner (S	Specify)			
For Medical (Surgical	al) pro	ocedures, answer the follow	ing question	n.	For Medic	cal (S	Surgical) proc	edure	es, answ	er the following	ng ques	tion.
Was the fetus viabl ☐ Yes [ave a post fertilization age	at least 20 v	weeks?			s viable or ha	ve a p	post fert	ilization age a	t least 2	20 weeks?
	_	as answered yes, complete	the followin	ng questions.			_	ansv	wered ve	es, complete th	ne follo	wing questions.
		pest opportunity to survive		6 1			s given the be			_		<i>8</i> 1
] No						es 🗌 No	•	•	•		
		etermination that the pregn are to avert death or serious										an had a condition ent to the pregnant
woman?	occur	re to avert death of serious	mpanmen	t to the pregnant	woman?		the procedure	c to a	iveri dei	an or serious n	mpann	ient to the pregnant
Date last normal mer		•		Physician estir	nate of gestatio	on (ir	ı weeks)		Post fe	rtilization age		fetus (in weeks)
How were the gestati		2/22/2015 age and post fertilization age	ge determine	ed?	9						7	
ULTRASOUND												
Full name of physici												
		orming termination (number	r and street	, city, state, and	zip code)							
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 46225	5									
**Date Reported to	o DC	S, if Patient under 14 (n	nonth, day, y	vear):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or t	own, of pregna	-			County of pregna	ancy termination
Patient's age** 26	Marr	ied □ Yes ■ No	Date of pregn	nancy termina 02/25/2016	ation	Educa	tion		9th-12	eth, No Diploma	
Race American Indiana Native Hawaiian o	or Oth	er Pacific Islander	Asian White	Black o	or Africa	an American		known	Not I	anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	1	Number now living	2				Numb	er now d	eceased	0	
Other Terminations:	:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 1	
Dates of terminations UNKNOWN	(Do 1	not include this termina	v	than six (6), ti	hose mo	ost recent.)					
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:		4		5	Complic	cation(s) of Pregna	ncy Termination
Yes N		in yes, length of the	io retus sur viv	ca.					None	□ Ute	rine Perforation
									Hemorrhag	_	vical Laceration
Fetus viable?	_	If viable, medical r	eason for term	nination:						_	
☐ Yes ■ N	o								nfection	_	ained Products
		70							Other (Spec	cify)	
Pathological examinat performed?	tion	If yes, results:									
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal of ☐ Yes ■ No											sult in a maternal death?
								<u> </u>	S <u> </u>	<u> </u>	
Type of Termination Procedures											
D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		D.		Type of	Termin			.1 . 7	. 10		
Procedure that Termin		•				Additional Pi					
☐ Medical (Nonsur ☐ Medical (Nonsur									Aifepriston Aisoprostol		
Medical (Nonsur									Other (Spec		
Medical (Surgica						_			on Curetta		
☐ Medical (Surgica☐ Medical (Surgica		enstrual Aspiration her (Specify)							strual Aspii r (<i>Specif</i> y)	ration	
_											
For Modical (Surgical) ==0	cedures, answer the following	owing quartic			For Medical	Curries	1) proces	hiros anom	er the following qu	vastion
	_						_	_			
Was the fetus viable ☐ Yes ■		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes [a post fert	ilization age at lea	st 20 weeks?
If the previous question	on wa	s answered yes, comple	ete the following	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the fo	llowing questions.
•		est opportunity to survi		<i>C</i> 1		•	•		•	ty to survive?	
Yes Yes		est opportunity to survi	v C.				Yes [оррогили	y to survive.	
		termination that the pro-									oman had a condition
that required the pro woman?	cedui	re to avert death or serie	ous impairmer	nt to the pregi	nant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impa	irment to the pregnant
Date last normal mens	ses be	egan		Physician 6	estimate	e of gestation (i	n weeks	s)	Post fe	rtilization age of th	ne fetus (in weeks)
	0′	1/01/2016				8				6	
How were the gestation	onal a	ge and post fertilization	n age determin	ned?							
GLINAGOUND											
Full name of physician	n peri	forming termination									1
DR. CAROL DELLIN	IGER	<u> </u>									
Address of physician page 200 S. MERIDIAN ST		rming termination (nun		t, city, state, d	and zip	code)					
200 O. MERIDIAN S	ı , IIN	DICINAL OLIO, IIV 402									
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403						town, of pregn BLOO	ancy ter			County of pregnan	ocy termination
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation				
Patient's age** 22	Mai	ried ☐ Yes ■ No		1ancy termii 02/25/2016		Educ	atiOII		Bach	nelor's Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numl	per of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation
								I	Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	Vo.	If viable, medical	reason for term	nination:				 	nfection	□ Retai	ned Products
	.10										ned i roducts
								⊔ ′	Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?
								☐ Ye	s 🔳 No	0	
				Туре	of Termin	nation Procedu	ires				
Procedure that Term	inate	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy	
Medical (Nonsu	raica	1) Mifanristona				☐ Medica	l (Noneu	raical) N	//////////////////////////////////////	<u>.</u>	
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medica	l (Nonsu	rgical) N	/lisoprostol		
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medica	l (Nonsu	ırgical) (Other (Spec	ify)	
Medical (Surgio	al) S	uction Curettage				☐ Medica	l (Surgic	al) Sucti	on Curetta	ge	
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	l (Surgic	al) Mens	strual Aspii	ration	
☐ Medical (Surgio	cai) (nner (Specify)				☐ Medica	(Surgic	(ai) Otne	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fe	tus viabl	le or have	a post fert	ilization age at least	20 weeks?
☐ Yes [Yes [No	•	C	
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus give	n the	best opportunity to surv	ive?			Was the fe	tus oivei	n the hest	opportunit	ty to survive?	
Yes [Yes [оррогии	y to bulling.	
What was the basis	for c	etermination that the pr	egnant woman	had a cond	lition	What was	the basis	for deter	mination th	hat the pregnant wor	nan had a condition
that required the process woman?	oced	are to avert death or seri	ious impairmer	nt to the pre	gnant	that require woman?	ed the pr	ocedure t	o avert dea	nth or serious impair	ment to the pregnant
woman?						woman:					
						1					
Date last normal men		•		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)
How were the '		01/03/2016	n ago doto'	ned?		7				5	
ULTRASOUND	ional	age and post fertilization	u age determin	ieu :							
Full name of physici	an ro	rforming termination									1
DR. CAROL DELLI	_	-									
	-	orming termination (num		t, city, state	, and zip	code)					
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225								
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH - VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						town, of pregna BLOOM			County of pregna	ncy termination ONROE
Detient's 44	T		Dota -f	omov- +- '	mati	F1	tion			
Patient's age** 23	Married	Yes No	Date of pregna	2/25/2010		Educa	uon	9th-12	2th, No Diploma	
Race American Indian Native Hawaiian	or Other	Pacific Islander	☐ Asian ■ White	☐ Black		an American	Un	■ Hisp	y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:	Nu	mber now living	0				Numb	per now deceased	0	
Other Termination	ns: Nu	mber of spontaneou					Numb	per of induced term		
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	those m	ost recent.)		5	6	
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Compli	cation(s) of Pregnan	cy Termination
	NO							■ None	☐ Uter	ine Perforation
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorrhag	ge 🗌 Cerv	rical Laceration
☐ Yes ■	No							☐ Infection	Reta	ined Products
								Other (Spe	cify)	
Pathological examin performed?	ation	If yes, results:								
☐ Yes ■	No							Did this terminati ☐ Yes ■ N		ult in a maternal death?
				Туре	of Termi	nation Procedu	res			
Procedure that Term	ninated Pre	egnancy				Additional Pr	ocedure	e that Terminated P	regnancy	
	Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol							rgical) Mifepristor		
Medical (Nonsu								rgical) Misoprosto rgical) Other (Spec		
Medical (Surgio								al) Suction Curetta		
☐ Medical (Surgion Med		strual Aspiration r (Specify)						cal) Menstrual Aspi cal) Other (Specify)		
For Medical (Surgic	al) proced	lures, answer the fo	llowing question	n.		For Medical (Surgica	al) procedures, ansv	ver the following qu	estion.
Was the fetus viab	le or have	a post fertilization					_	_	tilization age at leas	
☐ Yes [_	,		.•			Yes [1 1 . 6.1	
If the previous quest				ng question	ıs.	1	•	•	es, complete the fol	lowing questions.
was the letus gives ☐ Yes [opportunity to surv	ive?				res [n the best opportuni No	ty to survive?	
		mination that the property of avert death or seri								man had a condition
woman?	roccuure t	o avert death of ser	ious impairmen	it to the pre	gnam	woman?	a the pr	occdure to avert de	atii oi serious iiipai	ment to the pregnant
						I				
Date last normal me	_	n 9/2015		Physician	n estimate	e of gestation (i	n weeks	Post fe	ertilization age of th	e fetus (in weeks)
How were the gestat			n age determine	ed?		11			9	
ULTRASOUND	TRASOUND									
Full name of physici DR. CAROL DELLI	-	ming termination								
Address of physician	_	-		, city, state	, and zip	code)				
200 S. MERIDIAN	oi, indi/	ANAPOLIS, IN 46								
**Date Reported t	to DCS, i	if Patient under 1	4 (month, day, y	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403						ancy termina	ation		County of preg	gnancy	
Dations' **			Data of		otic	Fi	ntion					
Patient's age** 23	Marrie [d Yes No	Date of pregr	02/25/2016		Educa	ition			th, No Diploma	a	
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	Asian White	Black o	or Africa	ın American	Unkno		☐ Not I	nnic or Latino Hispanic or Latir	10	Unknown
Live Births:	N	umber now living	1				Number n	now de	eceased	0		
Other Termination	s: N	umber of spontaneou	us terminations	1			Number o	of indu	ced termi	nations 0		
Dates of termination			v			st recent.)	1					
Fetus delivered alive		If yes, length of ti			4	•		5	Complic	eation(s) of Preg	nancy '	Termination
Yes Yes		ii yes, lengui oi u	ine ietus sui viv	veu.				■ N		_	•	Perforation
								_	emorrhag			l Laceration
Fetus viable?	. T	If viable, medical	reason for term	nination:					Č			
☐ Yes ■ 1	No							_	fection	_	etaine	d Products
B.1.1.1.1.		TC 1.						⊔ o	ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes No Did this termination of pregnancy result in a s											in a maternal death?	
L								100				
				Type of	f Termin	ation Procedu	ires					
Procedure that Term	inated P	regnancy		VI.		Additional P		at Terr	ninated Pr	regnancy		
Medical (Nonsu	ırgical)	Misoprostol					(Nonsurgic	eal) M	isoprostol			
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsurgic	cal) O	ther (<i>Spec</i>	ify)		
Medical (Surgio		tion Curettage astrual Aspiration					(Surgical)					
Medical (Surgio							(Surgical)			idiloli		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) pr	roced	ures, answ	er the following	questi	on.
		e a post fertilization	age at least 20	weeks?					a post fert	ilization age at l	east 20) weeks?
	No No	1	1			_	Yes □ N		1	1	C 11	. ,.
If the previous quest		, , ,		ing questions	5.		_		-	es, complete the	IOHOW	ing questions.
	n the bes	st opportunity to surv	ive?				us given the Yes \[\] N		opportuni	y to survive?		
		ermination that the p										n had a condition
that required the programmer woman?	rocedure	to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the proced	dure to	avert dea	th or serious im	pairme	ent to the pregnant
Date last normal me	nses beg	an		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of	f the fe	tus (in weeks)
Hama d		05/2015		49		10					8	
How were the gestat ULTRASOUND	ional ag	e and post fertilizatio	on age determin	ied?								
Full name of physici	-	rming termination										
DR. CAROL DELLI Address of physician		ning termination (nu	mber and stree	et, city, state.	and zip	code)						
200 S. MERIDIAN	-	-			-1	•						
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):								

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	_EGE (City or t	own, of pregna	•			County of pregna	ncy termination ONROE
Patient's age** 24	Aarri	ed Yes No	Date of pregn	nancy termina 02/25/2016		Educa	tion		9th-12	th, No Diploma	
Race American Indiana o Native Hawaiian or	Othe	er Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown
Live Births:	N	lumber now living	4				Numb	er now d	eceased	0	
Other Terminations:	N	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0	
Dates of terminations (Do n		,	than six (6), t	those mo	ost recent.)					
l		2.		1		4		5	Complic	ation(s) of Pregnar	acy Termination
Fetus delivered alive? Yes No		If yes, length of tin	ne retus surviv	/ea:					•	_	
									None	_	ine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cerv	vical Laceration
☐ Yes ■ No								☐ I	nfection	Reta	ined Products
									Other (Spec	ify)	
Pathological examination	on	If yes, results:									
performed? ☐ Yes ■ No Did this termination of pregnancy result in a maternal death?											sult in a maternal death?
								☐ Yes			and an a management document
				Type of	f Termi	nation Procedu	res				
Procedure that Termina	ated F	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
☐ Medical (Nonsurg	ical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	lifepristone	e	
Medical (Nonsurg	ical)	Misoprostol					(Nonsu	rgical) N	Aisoprostol Other (Speci		
Wedlear (I vollsurg.	icai)	Other (Specify)				Wiedicar	(1vonsu	igicai) C	Mici (Speci	997	
Medical (Surgical)Medical (Surgical)									on Curettag strual Aspir		
Medical (Surgical)									r (Specify)		
For Medical (Surgical)	proc	edures, answer the following	lowing questic	on.		For Medical	Surgica	ıl) proced	lures, answ	er the following qu	estion.
	_	ve a post fertilization a					_	_		ilization age at leas	
Yes Yes		ve a post fertifization t	ige at least 20	weeks.			Yes [a post tert	mzation age at ica	t 20 weeks.
If the previous question	ı was	answered yes, comple	ete the followi	ng questions	i.	If the previou	s questi	ion was a	nswered ye	es, complete the fol	lowing questions.
Was the fetus given the	he be	st opportunity to survi	ve?			Was the fet	us giver	the best	opportunit	y to survive?	
☐ Yes ☐	No						Yes [11	•	
		ermination that the pro									oman had a condition
woman?	eaure	e to avert death or serie	ous impairmer	nt to the preg	nant	woman?	a tne pr	ocedure t	o avert dea	tn or serious impai	rment to the pregnant
Date last normal mense	es bes	gan		Physician	estimate	e of gestation (i	n weeks	5)	Post fe	rtilization age of th	e fetus (in weeks)
	12	/02/2015		_		13		•		11	· ·
How were the gestation	nal ag	ge and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physician	perf	orming termination									
DR. CAROL DELLING	_	annig termination									
Address of physician p		=		t, city, state,	and zip	code)					
200 S. MERIDIAN ST	, INE	DIANAPOLIS, IN 462	225								
**Date Reported to l	DCS	, if Patient under 14	(month, day,	year):							

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 421 S	OUTH COLLE	City	_	-	ncy termination	n		County of		cy termi NROE	nation
Patient's age**	3.5	. , 1	ate of press	ancy termination) Ed	ducat	ion						
Patient's age 22	Mar	ried Di		2/25/2016	EC	ıucal				ool Diploma	or GED)	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or A	frican America	an	Unknown	[Not I	/ anic or Latir Hispanic or l			Unknown
Live Births:		Number now living	0				Number now	dece	ased	0			
Other Termination	ıs:	Number of spontaneous to	erminations				Number of in	duce	d termi	nations 0			
Dates of termination	is (Do	not include this terminatio	•			!							
Fetus delivered alive	2	If yes, length of time			4		5		Compli	cation(s) of	6 Pregnanc	v Termi	nation
Yes Yes		if yes, length of time	ictus sui vive	u.				Non	•	Г	_	ne Perfo	
									norrhag		_	cal Lace	
Fetus viable?	N _C	If viable, medical reas	son for termi	nation:						~ L			
☐ Yes ■ 1	INO								ction	L	_ Ketair	ned Proc	iucts
Pothological	otio-	If you manufer.					_ -	Othe	er (Spe	cify)			
Pathological examin performed?		If yes, results:											
☐ Yes ■	No							nis ter es	rminati		ancy resu	lt in a m	naternal death?
								2.3					
Type of Termination Procedures													
Procedure that Term	inated	Pregnancy		JF- 0. 101			ocedure that Te	ermin	nated D	egnancy			
_													
Medical (Nonsu	ırgica) Misoprostol			☐ Med	lical ((Nonsurgical) (Nonsurgical)	Misc	prosto	Į			
☐ Medical (Nonsu	ırgica) Other (Specify)			∐ Med	ııcal ((Nonsurgical)	Othe	er (Spec	ufy)			
					_								
		uction Curettage Ienstrual Aspiration					(Surgical) Suc (Surgical) Me						
Medical (Surgio							(Surgical) Oth						
For Medical (Surgic	al) pro	ocedures, answer the follow	ving question	n.	For Medi	ical (Surgical) proce	edure	es, answ	er the follo	wing que	stion.	
		ave a post fertilization age	at least 20 v	weeks?			is viable or hav	ve a p	ost fer	tilization age	e at least	20 week	cs?
☐ Yes [Yes □ No						
If the previous quest	ion w	as answered yes, complete	the followin	g questions.	If the pre	vious	s question was	answ	vered y	es, complete	the follo	wing qu	uestions.
	n the l	pest opportunity to survive	?				is given the bearings. In Section 1985 In Sect	st opp	portuni	ty to survive	?		
		etermination that the pregr	ant woman	had a condition			ne basis for det	ermir	nation t	hat the prec	nant won	nan had	a condition
that required the pr		are to avert death or serious			that req	uirec	the procedure						
woman?					woman	!							
Detail :	•			Dia					D : "		6:1	£-,	T)
Date last normal me		egan 2/20/2015		Physician estir	nate of gestation	on (<i>ii</i>	n weeks)		Post fe	rtilization a	ge of the	ietus (ir	ı weeks)
_	tional	age and post fertilization a	ge determine	ed?									
ULTRASOUND													
Full name of physicia	ion es	forming tormination											
Full name of physici DR. CAROL DELLI													
	-	orming termination (number		city, state, and	zip code)								
200 S. MERIDIAN	51, IN	IDIANAPOLIS, IN 46225											
**Date Reported t	to DC	S, if Patient under 14 (n	nonth, day, y	vear):									

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	PCSI) (MONROE CO.) - 42°	1 SOUTH COLL	_EGE	City or t	own, of pregna	-				ancy termination MONROE
Patient's age** 41	Mar	ried Yes No	Date of pregn	nancy termina 02/25/2016		Educa	tion	ŀ	High Scho	ol Diploma or G	ED
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2					er now d		0	
Other Termination	s:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 1	
Dates of termination UNKNOWN	s (Do	not include this termina	v	than six (6), t	those m	ost recent.)				_	
Fetus delivered alive	.?	If yes, length of tin	ne fetus surviv	ved.		4		5	Complic	ation(s) of Pregna	incy Termination
Yes I		in yes, length of the	ic retas sur viv	·cu.				■ N	None	□ Ute	erine Perforation
									Hemorrhag	_	vical Laceration
Fetus viable?		If viable, medical r	eason for term	nination:						_	
☐ Yes ■ 1	No								nfection	_	ained Products
							Other (Spec	rify)			
Pathological examination performed?	ation	If yes, results:									
☐ Yes ■	No										esult in a maternal death?
								☐ Yes	s 🔳 No)	
				7							
		_		Type of	ı termii	nation Procedu					
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure	e that Ter	minated Pr	egnancy	
☐ Medical (Nonsu☐ Medical (Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Non									lifepriston lisoprostol		
) Other (Specify)							ther (Spec		
Medical (Surgice)	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta		
	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspin (Specify)		
Wiedicai (Surgio	ai) C	ulei (Specify)				iviedicai	(Surgic	ai) Ouici	(вресцу)		
For Medical (Surgical	al) pro	ocedures, answer the foll	owing question	on.		For Medical	Surgica	al) proced	ures, answ	er the following q	uestion.
Was the fetus viabl ☐ Yes		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes [a post fert	ilization age at lea	ast 20 weeks?
						_	_	_	1	1 4 4 6	n
		as answered yes, comple		ng questions	·-	•	•		•	-	ollowing questions.
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
What was the basis	for d	etermination that the pre	egnant woman	had a condi	tion	What was t	ne hasis	for deter	mination th	nat the pregnant w	roman had a condition
that required the pr		re to avert death or serio				that require					airment to the pregnant
woman?						woman?					
Date last normal men		egan 2/10/2015		Physician	estimate	e of gestation (i	n weeks	s)	Post fe	•	he fetus (in weeks)
How were the gestat		age and post fertilization	n age determin	ned?						•	-
ULTRASOUND											
Full name of physici DR. CAROL DELLI	_	-									
		orming termination (nun	iber and stree	t, city, state,	and zip	code)					
= -	_	IDIANAPOLIS, IN 462		· ′	•						
**Date Reported t	o DC	S, if Patient under 14	(month, day,	year):						=	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	_EGE (City or t	town, of pregna	•			County of pregnar	CV termination
Patient's age** 25	Aarrie [ed Yes No	Date of pregn	nancy termina 02/25/2016		Educa	tion		Bach	elor's Degree	
Race American Indiana o Native Hawaiian or	Othe	r Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:	N	umber now living	0				Numb	er now d	eceased	0	
Other Terminations:	N	umber of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations (Do no		,	than six (6), t	those mo	ost recent.)					
I	2	2		1		4		5	Complic	ation(s) of Pregnance	ev Termination
Fetus delivered alive? Yes No		If yes, length of tir	ne retus surviv	/ea:					•	_	
									None	_	ne Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cervi	cal Laceration
☐ Yes ■ No								☐ I	nfection	☐ Retai	ned Products
									Other (Spec	ify)	
Pathological examination	on	If yes, results:									
performed? ☐ Yes ■ No Did this termination of pregnancy result in a maternal death?											alt in a maternal death?
☐ Yes ■ No											
				Type of	f Termii	nation Procedu	res				
Procedure that Termina	ited P	regnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
Medical (Nonsurgi	ical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	/lifepristone	e	
Medical (NonsurgiMedical (Nonsurgi									Aisoprostol Other (Speci	(f _v)	
Wedlear (I vonsurgi	icai)	Other (specify)				Wiedicar	(1 vonsu	igicai) C	other (Speci	J <i>y)</i>	
☐ Medical (Surgical) ☐ Medical (Surgical)									on Curettag strual Aspir		
Medical (Surgical)									r (Specify)	ation	
For Medical (Surgical)	proce	edures, answer the fol	lowing questic	on.		For Medical	Surgica	ıl) proced	lures, answ	er the following que	estion.
Was the fetus viable of	_						_	_		ilization age at least	
Yes Yes		e a post fertilization a	ige at least 20	weeks:			Yes [a post teru	mzation age at least	20 Weeks:
If the previous question	ı was	answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	s, complete the foll	owing questions.
Was the fetus given the	he bes	st opportunity to survi	ve?			Was the fet	us given	the best	opportunit	y to survive?	
☐ Yes ☐		71					Yes [,	
What was the basis for											nan had a condition
that required the processions woman?	edure	to avert death or seri	ous impairmer	nt to the preg	nant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant
Date last normal mense	s her	ran		Physician	estimate	e of gestation (i	n wook	7)	Post for	rtilization age of the	fetus (in weeks)
Zute inst normal melise	_	/10/2016		1 irysician	Somman	6	weens	''	1 030 101	4	in weeks)
How were the gestation	nal ag	e and post fertilization	n age determin	ned?							
ULTRASOUND											
P.11		. ,									,
Full name of physician DR. CAROL DELLING	_	orming termination									
Address of physician po		ming termination (num	nber and stree	t, city, state,	and zip	code)					
200 S. MERIDIAN ST	, IND	DIANAPOLIS, IN 462	225								
**Date Reported to I	DCS.	, if Patient under 14	(month, day,	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ade PLANNED PARENTHOOD AVENUE, BLOOMINGTOR) (PP		1 SOUTH COLL	_EGE (City or t	town, of pregna	•			County of pregna	ncy termination ONROE
Patient's age** 43	Marr	ied ☐ Yes ■ No	Date of pregr	nancy termina 02/25/2016		Educa	tion		9th-12	th, No Diploma	
Race American Indiana		aska Native [Asian White	_		an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown
Live Births:]	Number now living	4				Numb	er now d	eceased	0	
Other Terminations:	1	Number of spontaneou	s terminations 0	1			Numb	er of ind	uced termii	nations 0	
Dates of terminations	(Do 1		,	than six (6), t	those me	ost recent.)					
1		2				4		5	Complie	cation(s) of Pregnan	cy Termination
Fetus delivered alive? ☐ Yes ■ No	0	If yes, length of tin	ne fetus surviv	ved:					•	_	•
									None	_	ine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				I	Hemorrhage	e 🗌 Cerv	ical Laceration
☐ Yes ■ No	0							☐ I	nfection	☐ Reta	ined Products
									Other (Spec	cify)	
Pathological examinat performed?	ion	If yes, results:									
Yes No Did this termination of pregnancy result in a maternal death?											
								☐ Yes			
				Type of	f Termii	nation Procedu	res				
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsurg	gical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e	
☐ Medical (Nonsurg									Aisoprostol Other (Spec		
	51041)	Suier (Speedy))					(1 (01154		die (Spee)	977	
Medical (SurgicalMedical (Surgical		ction Curettage enstrual Aspiration							on Curettag strual Aspin		
Medical (Surgical	l) Ot	her (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical)) pro	cedures, answer the fol	lowing question	on.		For Medical	Surgica	al) proced	lures, answ	er the following qu	estion.
Was the fetus viable	or ha	ive a post fertilization a	ige at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	t 20 weeks?
☐ Yes ■			<i>G</i>				Yes [
If the previous question	n wa	s answered yes, comple	ete the followi	ing questions		If the previou	s questi	ion was a	nswered ye	es, complete the fol	owing questions.
Was the fetus given □ Yes □		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
		termination that the pro	egnant women	n had a condi	tion	_	_	_	mination t	hat the pregnant wo	man had a condition
that required the pro-		e to avert death or serie				that require					ment to the pregnant
woman?						woman?					
Date last normal mens		gan 1/27/2015		Physician	estimate	e of gestation (i	n weeks	s)	Post fe	rtilization age of the	· · · · · · · · · · · · · · · · · · ·
How were the gestatio			n age determin	ned?		13					
ULTRASOUND											
	· <u></u>										
Full name of physician DR. CAROL DELLIN	_	-									
Address of physician p			nber and stree	et, city, state,	and zip	code)					
200 S. MERIDIAN ST		-			_						
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):						_	

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	City or t	own, of pregn BLOOI	ancy teri			County of pregnan	cy termination DNROE			
Patient's age**		. ,	Date of pregn	ancy termi	nation	Educa	ntion				
Patient's age**	Maı	ried ☐ Yes ■ No		1ancy term11 02/25/2016		Educa	iciOII		8th C	Grade or Less	
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	per now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	ry Termination
☐ Yes ■ 1	No							• 1	None	☐ Uteri	ne Perforation
								I	Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable? Yes 1	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products
	.10										ned i foducts
									Other (Spec	cify)	
Pathological examination performed?	ation	If yes, results:									
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?
								☐ Yes	s 🔳 No	0	
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy	
Medical (Nonsu		•							//////////////////////////////////////		
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Iisoprostol		
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medica	(Nonsu	rgical) C	Other (Spec	ify)	
Medical (Surgic	al) S	uction Curettage				☐ Medica	(Surgic	al) Sucti	on Curetta	ge	
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspii	ration	
☐ Medical (Surgio	cai) C	nner (Specify)				Medical	(Surgic	(al) Otne	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fe	us viabl	le or have	a post fert	ilization age at least	20 weeks?
] No						Yes [•	C	
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previo	ıs quest	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus give	n the	best opportunity to surv	ive?			Was the fe	ns oive	n the best	opportunit	ty to survive?	
Yes [Yes [_	оррогии	y to bulling.	
What was the basis	for d	etermination that the pr	egnant woman	had a cond	lition	What was	he basis	for deter	mination tl	hat the pregnant wor	nan had a condition
that required the pr woman?	ocedi	are to avert death or seri	ious impairmer	nt to the pre	gnant	that require woman?	ed the pr	ocedure t	o avert dea	nth or serious impair	ment to the pregnant
woman:						woman?					
Date last normal men		•		Physician	estimate	e of gestation (in week:	s)	Post fe	rtilization age of the	fetus (in weeks)
How were thet		2/30/2015	n ago doto'	hed?		8				6	
ULTRASOUND	ionai	age and post fertilization	u age determin	ieu :							
Full name of physic:	an r-	rforming tarmingtion									1
DR. CAROL DELLI	_	rforming termination R									
Address of physician	n perf	orming termination (num	mber and stree	t, city, state	, and zip	code)					
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225								
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad- PLANNED PARENTHOOD AVENUE, BLOOMINGTO) (PP		1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of preg		y termination	
Patient's age** 23	Marr	ied Yes I No	Date of pregn	nancy termina 02/25/2016		Educa	tion	H	High Scho	ol Diploma or	GED		
Race American Indiana Native Hawaiian o	r Oth	er Pacific Islander	Asian White	☐ Black o	or Afric	an American		known er now d	Not I	nnic or Latino Hispanic or Latin	no	Unknown	
Live Births:		Number now living	2							0			
Other Terminations:]	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0			
Dates of terminations	(Do 1		v	than six (6), t	hose me	ost recent.)							
Fetus delivered alive?		If yes, length of tin		ved:		4		5	Complic	cation(s) of Preg	nancy	Termination	
Yes No	0	in yes, rengan or an	ie retas sur viv	ca.				■ N	None	Π τ	Iterine	Perforation	
						Hemorrhage Cervical Laceration							
Fetus viable?		If viable, medical r	eason for term	nination:									
☐ Yes ■ No	O							∐ I	nfection	∐ k	Retaine	ed Products	
									Other (Spec	eify)			
Pathological examinat performed?	ion	If yes, results:											
☐ Yes ■ N	О								result	in a maternal death?			
								☐ Yes	s 🔳 No	0			
				Type of	f Termii	nation Procedur	res						
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	regnancy			
Medical (Nonsurg									lifepriston				
☐ Medical (Nonsurg									Iisoprostol Other (<i>Spec</i>				
						Interest (consultation) can't (speedy)							
Medical (Surgical)	1) \$11	ction Curattaga				☐ Medical	(Surgic	al) Sucti	on Curetta				
☐ Medical (Surgical	l) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspin				
Medical (Surgical	I) Ot	her (Specify)				☐ Medical	(Surgic	al) Other	r (Specify)				
For Medical (Surgical)) pro	cedures, answer the following	lowing question	on.		For Medical (Surgica	al) proced	lures, answ	er the following	g quest	ion.	
		ve a post fertilization a	ige at least 20	weeks?					a post fert	ilization age at l	least 2	0 weeks?	
☐ Yes ■	No					\ ``	Yes [_l No					
If the previous question	n wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the	follov	ving questions.	
Was the fetus given Yes		est opportunity to survi	ve?				us giver Yes 🛭		opportunit	y to survive?			
What was the basis f	or de	termination that the pro	egnant woman	ı had a condit	tion	What was tl	ne basis	for deter	mination tl	hat the pregnant	woma	an had a condition	
		e to avert death or serie										ent to the pregnant	
woman:						woman:							
Date last normal mens		gan 2/13/2015		Physician	estimate	e of gestation (i	n weeks	5)	Post fe	rtilization age o	f the fo	etus (in weeks)	
How were the gestation		· •					-						
ULTRASOUND													
Full name of physician DR. CAROL DELLIN	_	-											
Address of physician p			nber and stree	t, city, state,	and zip	code)							
200 S. MERIDIAN S	T, IN	DIANAPOLIS, IN 462	225										
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):						_			

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	town, of pregna BLOOM	•			County of pregnar	ncy termination ONROE		
Patient's age**	3.7	.:	Date of pregn	nancy termin	nation	Educa	tion						
Patient's age** 21	Mar	ried ■ Yes 🔲 No		nancy termin 02/25/2016		Educa	wi0II		9th-12	th, No Diploma			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black □ Other	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin				
Dates of termination	s (Do	not include this termina	ation. If more to	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:			cation(s) of Pregnan	cy Termination					
☐ Yes ■ I	NO				■ None ☐ Uterine Perfor								
		70			☐ Hemorrhage ☐ Cervical Laceration								
Fetus viable? Yes I	No	If viable, medical	reason for term	nnation:				Пі	nfection	☐ Retai	ned Products		
									Other (Spec				
D-4h-1i1i-	_4:	If											
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■							on of pregnancy resi	alt in a maternal death?					
				☐ Yes	s 🔳 No	0							
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu									/lifepriston				
☐ Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)							Aisoprostol Other (Spec				
		y other (specify)					(1 (01150		outer (Spee	957			
		uction Curettage Ienstrual Aspiration			Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration								
Medical (Surgio						Medical (Surgical) Other (Specify)							
For Medical (Surgice	al) pro	ocedures, answer the fol	lowing questio	nn .		For Medical	(Surgice	al) proced	lurec ancu	er the following que	estion		
	le or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl Yes 🛭		a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	c	If the previou	ıs anesti	ion was a	nswered ve	es, complete the foll	owing questions		
				ng question.	·.	•	•		·	•	owing questions.		
Was the fetus giver ☐ Yes [pest opportunity to surv	ive?				us giver Yes 📮	_	opportunit	ty to survive?			
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he hasis	for deter	mination t	hat the pregnant wo	man had a condition		
that required the pr		re to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
						I							
Date last normal men		•		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)		
How were the gestet		2/08/2015 age and post fertilization	n age determin	l red?		11				9			
ULTRASOUND													
Full name of physici	-	-											
DR. CAROL DELLI			mb on I	4	au 1 ·	anda)							
	-	orming termination (num		ı, cıty, state,	and zip	coae)							
	,		- 										
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_			

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	_EGE	City or t	own, of pregna	•			County of pregnan	ocy termination ONROE		
Patient's age**	3.5	. ,	Date of pregn	ancy termi-	nation	Educa	ntion						
Patient's age** 20	Maı	ried ☐ Yes ■ No		1ancy termit 02/25/2016		Educa	iciOII		Asso	ociate Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	per now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin				
Dates of termination	s (Do	not include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	/ed:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ I	No				■ None ☐ Uterine Perfora								
					. Hemorrhage Cervical Laceration								
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:	☐ Infection ☐ Retained Products								
res 📮 i	NO										ned Products		
					Other (Specify)								
Pathological examin performed?	ation	If yes, results:											
Yes •				Did this termination of pregnancy result in a maternal death?									
				☐ Yes)							
				Туре	of Termii	nation Procedu	res						
Procedure that Term	inated	l Preonancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
		•								•			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Madical (Symple	(1) C	vation Cumattaga				☐ Madical	(Cumaia	al) Cuati	on Cunotto				
☐ Medical (Surgio	al) N	uction Curettage Menstrual Aspiration				 ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) 							
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
	_												
	le or i	nave a post fertilization	age at least 20	weeks?			us viabi Yes [a post tert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	na question	ie.	If the previou	is anest	ion was a	newered ve	es, complete the follo	owing questions		
				ing question	.5.	_	_		-	_	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
	_			1 1		_	_			L (d)	1 1 100		
		letermination that the pa are to avert death or seri									man had a condition ment to the pregnant		
woman?						woman?							
Date last normal men	nses 1	pegan		Physician	estimate	e of gestation (in week	5)	Post fe	rtilization age of the	fetus (in weeks)		
and a second resident		01/03/2016		- 1.75101411		6	com	- /	1 330 10	4			
How were the gestat													
ULTRASOUND													
Full name of physici													
DR. CAROL DELLI					1 •	1-1							
	-	orming termination (num		t, city, state,	, and zip	code)							
	ر ، , ۱۱ 												
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
33	ancy termination 02/25/2016	Educa	tion		th, No Diploma				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		anic or Latino Hispanic or Latino				
Live Births: Number now living 2			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	_				
Dates of terminations (Do not include this termination. If more to		nost recent.)		_					
Fetus delivered alive? If yes, length of time fetus surviv		4		5 Complic	cation(s) of Pregnancy Termination				
☐ Yes ■ No				None	Uterine Perforation				
Fetus viable? If viable, medical reason for term	ination:			☐ Hemorrhage	e				
☐ Yes ■ No		☐ Infection ☐ Retained Prod							
		Other (Specify)							
Pathological examination If yes, results: performed?									
Yes No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?				
L			[
	Type of Term	ination Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				rgical) Misoprostol rgical) Other (Spec					
Medical (Surgical) Suction Curettage		☐ Medical	(Surgic	al) Suction Curetta	ge				
Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgic	al) Menstrual Aspir					
Medical (Surgical) Other (Specify)		☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgica	ıl) procedures, answ	er the following question.				
Was the fetus viable or have a post fertilization age at least 20			_	_	ilization age at least 20 weeks?				
☐ Yes ■ No			Yes [No					
If the previous question was answered yes, complete the following	ng questions.	1	•	•	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	ry to survive?				
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition th or serious impairment to the pregnant				
that required the procedure to avert death or serious impairmen woman?	it to the pregnant	woman?	a the pro	ocedure to avert dea	un or serious impairment to the pregnant				
Date last normal menses began	Physician estima		in weeks	Post fe	rtilization age of the fetus (in weeks)				
01/15/2016 How were the gestational age and post fertilization age determin	ed?	10			8				
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street	t, city, state, and zip	p code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 14 (month, day,	year):				_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PP	CSI) (MONROE CO.) - 421 SC	OUTH COLLE	GE City o	r town, of pregna BLOOM	ancy termination		County of pregnand	cy termination			
Patient's age**		. 1 Do	te of pregner	ncy termination	Educa	tion						
20	Marı	ied Da ☐ Yes ■ No		2/25/2016	Educa			ool Diploma or GED)			
Race American Indiana Native Hawaiian	or Otł	ner Pacific Islander 🔳 V	Asian Vhite	☐ Black or Afr	ican American	Unknown	☐ Not I	y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2			Number now o	leceased	0				
Other Terminations	s:	Number of spontaneous ter	minations 1			Number of inc	luced termi	nations 0				
Dates of terminations UNKNOWN	s (Do	not include this termination										
Fetus delivered alive	?	If yes, length of time for			4	5	Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ N		12. 7 22, 221. 812. 22. 22. 22.					None	☐ Uterir	ne Perforation			
				Hemorrhage Cervical Lacera								
Fetus viable? Yes N	No	If viable, medical reason	on for termin	nation:	☐ Infection ☐ Retained Products							
	,,,				Other (Specify)							
Pathological examina	ation	If yes, results:					Outer (Spec	-9,97				
performed?						D:44:		£	14 : 1 d d - 9			
	110					Did thi			It in a maternal death?			
				Type of Tern	nination Procedu	res						
Procedure that Termi	inated	Pregnancy			Additional Pr	rocedure that Te	rminated Pr	regnancy				
Medical (Nonsu						(Nonsurgical)						
Medical (Nonsu:) Misoprostol) Other (Specify)				(Nonsurgical) (Nonsurgical)						
Medical (Surgical)	al) Su	iction Curettage			☐ Medical	(Surgical) Suct	ion Curetta	ge				
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medica		enstrual Aspiration ther (Specify)				(Surgical) Men (Surgical) Othe		ration				
						, ,	. 1					
For Medical (Surgica	al) pro	cedures, answer the follow	ing question		For Medical	(Surgical) proce	dures answ	ver the following que	 stion			
, ,	. 1	ave a post fertilization age	0 1					tilization age at least				
Yes T	■ No	and a post fortingation age	1005t 20 W	COMO.		Yes No	e a post icii	zation age at least				
If the previous questi	ion wa	as answered yes, complete t	he following	g questions.	If the previou	is question was a	answered ye	es, complete the follo	owing questions.			
	the b	est opportunity to survive?				us given the bes Yes \(\Boxed{\subseteq}\) No	t opportuni	ty to survive?				
		etermination that the pregna						hat the pregnant won				
that required the prowoman?	ocedu	re to avert death or serious	impairment	to the pregnant				ath or serious impairs				
					1							
Date last normal men	ises be	egan		Physician estima	ate of gestation (in weeks)	Post fe	ertilization age of the	fetus (in weeks)			
	1:	2/06/2015		•	12			10				
How were the gestati	ional a	age and post fertilization ag	e aetermine	u!								
Full name of physicia												
Address of physician	perfo	rming termination (number	and street,	city, state, and z	ip code)							
200 S. MERIDIAN S	ST, IN	DIANAPOLIS, IN 46225										
**Date Reported to	o DC	S, if Patient under 14 (m	onth, day, ye	ear):				_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PPC		1 SOUTH COLL	EGE C	ity or t	own, of pregna BLOOM	ncy terminatio	on	County of pregnancy termination MONROE
Patient's age**	Marri	od.	Date of pregn	nancy terminat	tion	Educa	tion		
21		ed ☐ Yes ■ No		02/25/2016	iioii	Lauca	non	High Sch	ool Diploma or GED
Race American Indiana Native Hawaiian o	or Oth	•	Asian White	Black or Other	Africa	an American	Unknown	☐ Not	y vanic or Latino Hispanic or Latino
Live Births:			0				Number of in		0
Other Terminations:	•	Number of spontaneou	0				Number of it	iduced term	0
Dates of terminations		ot include this termina 2.	•	han six (6), th	ose mo	ost recent.)			4
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	red:		+	5.	Compli	cation(s) of Pregnancy Termination
Yes No		in yes, length of the	ne retus sur viv	cu.				None	Uterine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				Hemorrhag	_
Yes N	0							Infection	☐ Retained Products
								Other (Spe	ecify)
Pathological examinat performed?	tion	If yes, results:							
Yes N	Ю						Did t	his terminati	ion of pregnancy result in a maternal death?
							<u> </u>		
Type of Termination Procedures									
Procedure that Termin	nated l	Pregnancy				Additional Pr	ocedure that T	erminated P	Pregnancy
☐ Medical (Nonsur	gical)	Mifenristone				☐ Medical	(Nonsurgical)	Mifenristo	ne
☐ Medical (Nonsur	gical)	Misoprostol				☐ Medical	(Nonsurgical)	Misoprosto	ol
Medical (Nonsur	gicai)	Other (Specify)				Medical	(Nonsurgical)	Other (Spec	cty)
Medical (Surgica		ction Curettage enstrual Aspiration					(Surgical) Su (Surgical) Me		
Medical (Surgica							(Surgical) No		
For Medical (Surgical) proc	edures answer the fol	lowing questic	n .		For Medical (Surgical) proc	edures ansv	wer the following question.
` `	, 1	•	<i>U</i> 1					•	2 1
Was the fetus viable ☐ Yes ■		ve a post fertilization a	ige at least 20	weeks?			us viable of ha Yes \square No	ve a post fer	tilization age at least 20 weeks?
If the previous question	on was	answered yes, comple	ete the followi	ng questions.		If the previou	s question was	s answered y	ves, complete the following questions.
				8 1		_		•	
Was the fetus given ☐ Yes ☐		st opportunity to survi	ve:				res	st opportun	ity to survive?
What was the basis t	for de	ermination that the pro	egnant woman	had a conditi	on	What was th	ne basis for de	termination	that the pregnant woman had a condition
		e to avert death or serie							eath or serious impairment to the pregnant
woman:						woman:			
Date last normal mens		gan /22/2015		Physician e	stimate	of gestation (i	n weeks)	Post fo	ertilization age of the fetus (in weeks) 7
How were the gestation			n age determin	led?		<u> </u>			ı
ULTRASOUND	ULTRASOUND								
	_								
Full name of physician		orming termination							
DR. CAROL DELLIN Address of physician p		ming termination (nun	nber and stree	t, city, state, a	nd zip	code)			
200 S. MERIDIAN S	_	-							
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):					_

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP		1 SOUTH COLL	EGE C	ity or t		ncy termination	ı	County of pregnancy termination MONROE
Patient's age**	Marr	ied	Date of pregr	nancy terminat	tion	Educa	tion		
26	171411.	Yes No		02/25/2016					ool Diploma or GED
Race American Indiana Native Hawaiian	or Oth		Asian White	☐ Black or ☐ Other	r Africa	an American	Unknown	☐ Not 1	y anic or Latino Hispanic or Latino
Live Births:			0				Number of in		0
Other Terminations	•	Number of spontaneou	0				Number of in	duced termi	0
Dates of terminations	(Do r	ot include this termino	ition. If more t 3	than six (6), th	iose mo	ost recent.) 4.	5.		6.
Fetus delivered alive?	·	If yes, length of tir		/ed:				Compli	cation(s) of Pregnancy Termination
☐ Yes ■ N	o						•	None	☐ Uterine Perforation
								Hemorrhag	ge Cervical Laceration
Fetus viable? Yes N	Ю	If viable, medical i	eason for term	nination:				Infection	Retained Products
								Other (Spec	cify)
Pathological examination	tion	If yes, results:						Outer (Spec	cty)
performed?		, ,					 		
Yes N	NO						Did th		on of pregnancy result in a maternal death?
							<u> </u>		
Type of Termination Procedures									
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure that Te	erminated P	regnancy
☐ Medical (Nonsur							(Nonsurgical)		
Medical (Nonsur Medical (Nonsur Medical (Nonsur	gical)	Misoprostol				☐ Medical	(Nonsurgical)	Misoprosto	1
Medicai (Noiisur	gicai)	Other (<i>specify</i>)				Wedicai	(Nonsurgical)	Omer (spec	3(1)
Medical (Surgica Medical (Surgica		ction Curettage enstrual Aspiration					(Surgical) Suc (Surgical) Mer		
Medical (Surgica							(Surgical) Oth		
For Medical (Surgical	l) prod	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	edures, answ	ver the following question.
		ve a post fertilization a	age at least 20	weeks?				e a post fer	tilization age at least 20 weeks?
☐ Yes ■] No					`	Yes No		
If the previous question	on wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	es, complete the following questions.
Was the fetus given Yes		est opportunity to survi	ive?				us given the bes	st opportuni	ty to survive?
	_	tormination that the	agnant	had a asside	ion	_	_	uminati (that the prognant weepen had diel
that required the pro		termination that the properties to avert death or seri				that require			that the pregnant woman had a condition ath or serious impairment to the pregnant
woman?						woman?			
Date last normal mens		gan 2/18/2015		Physician e	stimate	e of gestation (i	n weeks)	Post fe	ertilization age of the fetus (in weeks) 7
How were the gestation		ge and post fertilization	n age determin	ned?					·
ULTRASOUND	JLTRASOUND								
Full name of physicia DR. CAROL DELLIN	IGER								
Address of physician 200 S. MERIDIAN S	-	ming termination (num		t, city, state, a	ınd zip	code)			
200 C. MERIDIAIN O	.,								
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):					_

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad- PLANNED PARENTHOOD AVENUE, BLOOMINGTO	O (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	-			County of pregnar	ncy termination DNROE			
Patient's age** 25	Marı	ried Yes No	Date of pregr	nancy termina 02/25/2016		Educa	tion		9th-12	th, No Diploma				
Race American Indiana Native Hawaiian o	r Otl	ner Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown			
Live Births:		Number now living	1					er now d		0				
Other Terminations:	'	Number of spontaneou	1				Numb	er of ind	uced termir	nations 2				
Dates of terminations 1. UNKNOWN	(Do	not include this termina 2. UNKNOWN	tion. If more t		those m	ost recent.)		=		4				
Fetus delivered alive?		If yes, length of time				4		5	Complic	ation(s) of Pregnan	cy Termination			
☐ Yes ■ No		7 10,7 10						• 1	None	☐ Uteri	ne Perforation			
					■ None ☐ Uterine Perforation ☐ Hemorrhage ☐ Cervical Laceration									
Fetus viable? ☐ Yes ■ No	0	If viable, medical r	eason for term	nination:		☐ Infection ☐ Retained Products								
L les L No	U									_	med Products			
5.1.1.1		70							Other (Spec	ify)				
Pathological examinat performed?	10n	If yes, results:												
☐ Yes ■ N	O						Did this			alt in a maternal death?				
							[S <u>= 100</u>)				
				Tyma -4	f Torrai	nation Drass-	rac							
B 1		D.		1 ype of	LICIIIII	nation Procedu		4 . =						
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy				
☐ Medical (Nonsurg									Aifepristone Aisoprostol					
Medical (Nonsurg									Other (Speci					
Medical (Surgical)									on Curettag					
☐ Medical (Surgical Medical (Surgical		lenstrual Aspiration ther (Specify)							strual Aspir r (<i>Specif</i> y)	ration				
_	,	(1 33)					` ` ` `							
		1 0.1					· ·	1)		.1 . C .11 . '				
	_	cedures, answer the fol					_	_		er the following qu				
Was the fetus viable ☐ Yes ■		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes 🔲		a post ferti	ilization age at least	t 20 weeks?			
If the previous question	n wa	as answered yes, comple	ete the followi	ng questions		If the previou	s anesti	on was a	nswered ve	es, complete the foll	owing questions			
		est opportunity to survi		mg questions	•	•	•		•	•	o wing questions:			
Yes			ve:				Yes [оррогили	y to survive?				
		etermination that the pro									man had a condition			
that required the pro- woman?	cedu	re to avert death or seri-	ous impairmer	nt to the preg	nant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant			
Date last normal mens	es h	egan		Physician	estimate	e of gestation (n wook	;)	Post for	rtilization age of the	e fetus (in weeks)			
Date last normal menses began 12/15/2015 Physician estimate of gestation (in weeks) 10 Post fertilization age of the fetus (in weeks) 8														
How were the gestational age and post fertilization age determined?														
ULTRASOUND														
Full name of physician	n ner	forming termination												
DR. CAROL DELLIN	_	-												
		orming termination (num		et, city, state,	and zip	code)								
200 S. MERIDIAN S	ı, IN	IDIANAPOLIS, IN 462	<u> </u>											
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad- PLANNED PARENTHOOD AVENUE, BLOOMINGTO	O (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or t	town, of pregna	•			County of pregna	ncy termination ONROE		
Patient's age**	Marr	ied □ Yes ■ No	Date of pregn	nancy termina		Educa	tion		9th-12	th, No Diploma			
Race American Indiana Native Hawaiian o		aska Native	☐ Asian ■ White	_		an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations:		Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0			
Dates of terminations	(Do i	not include this termina		han six (6), t	hose me	ost recent.)				<u> </u>			
1		2				4		5	Complia	ation(s) of Pregnar	voy Tompination		
Fetus delivered alive? ☐ Yes ■ No		If yes, length of tin	ne fetus surviv	ed:					•	_	•		
					None Uterine Perforation								
Fetus viable?		If viable, medical r	eason for term	nination:		☐ Hemorrhage ☐ Cervical Laceration							
☐ Yes ■ No	0							☐ I	nfection	Reta	ined Products		
									Other (Spec	ify)			
Pathological examinat performed?	ion	If yes, results:											
Yes N	o					Did this termination of pregnancy result in a mater							
								☐ Ye	s 🔳 No)			
				Type of	f Termi	nation Procedu	res						
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy			
☐ Medical (Nonsurg									lifepristone				
☐ Medical (Nonsurg									lisoprostol other (Speci				
_	,	(1 33)				_	`	0 /					
- M 1: 1/G : :	1) 0	· · · · · · · · · · · · · · · · · · ·					/G :	1) (1)	- C #				
	l) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir				
Medical (Surgical	l) O	ther (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical)) pro	cedures, answer the following	lowing question	on.		For Medical	Surgica	ıl) proced	lures, answ	er the following qu	estion.		
		ave a post fertilization a	age at least 20	weeks?					a post fert	ilization age at leas	t 20 weeks?		
☐ Yes ■	No						Yes [」No					
If the previous question	n wa	s answered yes, comple	ete the followi	ng questions.	•	If the previou	s questi	ion was a	nswered ye	es, complete the fol	lowing questions.		
Was the fetus given		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?			
What was the basis f	for de	etermination that the pro-	egnant woman	had a condit	tion	What was the	ne basis	for deter	mination th	nat the pregnant wo	oman had a condition		
		re to avert death or serie									rment to the pregnant		
woman?						woman:							
									1				
Date last normal mens		egan 2/23/2015		Physician (estimate	e of gestation (i	n weeks	5)	Post fer	rtilization age of th 7	· ·		
How were the gestation		ge and post fertilization	n age determin	red?		<u> </u>			_I	<u> </u>			
ULTRASOUND													
Full name of physician DR. CAROL DELLIN	_	-											
		rming termination (nun	nber and stree	t, city, state,	and zip	code)							
200 S. MERIDIAN S	T, IN	DIANAPOLIS, IN 462	225										
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/25/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregna BLOOM	ancy terminat	tion		County of preg	gnancy MON	
Dations 2			D-4 C		-4:-	I ma	4:					
Patient's age**	Marrie [ed ☐ Yes ■ No	Date of pregr	02/25/2016		Educa	tion	1 -		ciate Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unknow			nic or Latino lispanic or Latir	10	Unknown
Live Births:	N	umber now living	1				Number no	ow dece	eased	0		
Other Termination	s: N	umber of spontaneou	us terminations	3			Number of	induce	ed termin			
Dates of termination		ot include this termin	v			st recent.)				- 0		
Fetus delivered alive		If yes, length of ti			4.			J	Complica	ation(s) of Preg	nancy '	Termination
Yes I		in yes, rengar or a	ine retail but viv					■ Nor	ne	- □ τ	Iterine	Perforation
					Hemorrhage Cervical Lacera							
Fetus viable?		If viable, medical	reason for term	nination:					Ü			
☐ Yes ■ 1	No				☐ Infection ☐ Retained Product ☐ Other (Specify)							
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result	in a maternal death?
							Yes	■ No	<u> </u>			
				f Tormin	ation Procedu	*20						
5 1 1 5				Type of	1 Termin							
Procedure that Term		•				Additional P	rocedure that	Termi	nated Pro	egnancy		
Medical (NonsuMedical (Nonsu							(Nonsurgica (Nonsurgica			;		
Medical (Nonsu							(Nonsurgica			fy)		
Medical (Surgio	cal) Suc	tion Curettage					(Surgical) S					
Medical (Surgio		nstrual Aspiration er (Specify)					(Surgical) M (Surgical) C			ation		
	,	(1 33)										
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	on.	For Medical (Surgical) procedures, answer the following question.							on.
		e a post fertilization	• .							lization age at l	-	
☐ Yes [☐ No	•					Yes No	0	•	-		
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previou	is question w	as ansv	wered ye	s, complete the	follow	ing questions.
	n the bes No	st opportunity to surv	vive?				us given the l Yes \[\] No		portunity	y to survive?		
		ermination that the p										n had a condition
woman?	rocedure	to avert death or ser	ious impairmei	nt to the preg	gnant	woman?	d the procedu	ure to a	avert dea	th or serious im	pairme	nt to the pregnant
Date last normal me	nses beg	an		Physician	estimate	of gestation (in weeks)		Post fer	tilization age of	f the fe	tus (in weeks)
		04/2016				8					6	
How were the gestat ULTRASOUND												
Full name of physici	-	rming termination										
DR. CAROL DELLI Address of physician	and zip a	code)										
200 S. MERIDIAN	-	-		J,	~ T							
**Date Reported t	to DCs	if Dationt under 1	1 (month 1	nagri:								
Date Reported t	u DCS,	, ii raueni under 1	+ (montn, aay,	year)								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	EGE (City or t	own, of pregna	•			County of pregna	ncy termination ONROE		
Patient's age** 22	Aarri	ed ☐ Yes ■ No	Date of pregn	nancy termina 02/26/2016		Educa	tion		Some Co	llege, No Degree			
Race American Indiana o Native Hawaiian or	Othe	er Pacific Islander	Asian White	☐ Black o	or Africa	an American		known er now d	Not H	nic or Latino lispanic or Latino	Unknown		
Live Births:		Number now living	0							0			
Other Terminations:	N	Number of spontaneous	s terminations 0				Numb	er of indi	uced termir	nations 0			
Dates of terminations (Do n		v	than six (6), t	hose mo	ost recent.)							
Fetus delivered alive?	_	If yes, length of tin		ved:		4		5	Complic	ation(s) of Pregnan	cy Termination		
Yes No		If yes, length of the	ic retail surviv	cu.					Jone	□ Uter	ine Perforation		
					None Uterine Perforation								
Fetus viable?		If viable, medical r	eason for term	nination:		Hemorrhage Cervical Laceration							
☐ Yes ■ No								∐ I	nfection	∐ Reta	ined Products		
					Other (Specify)								
Pathological examination performed?	on	If yes, results:											
Yes No)										ult in a maternal death?		
								☐ Yes	s ■ No)			
				Type of	f Termii	nation Procedu	res						
Procedure that Termina	ated I	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy			
Medical (Nonsurg									lifepristone	e			
☐ Medical (Nonsurg									Iisoprostol Other (<i>Speci</i>	fy)			
	ĺ					_	`	,		,.,,			
							· ·	1) 0					
Medical (Surgical)Medical (Surgical)									on Curettag strual Aspir				
Medical (Surgical)	Oth	ner (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical)	proc	edures, answer the foll	owing question	on.		For Medical	(Surgica	ıl) proced	ures, answ	er the following qu	estion.		
Was the fetus viable of	or ha	ve a post fertilization a	ige at least 20	weeks?		Was the fet	us viable	e or have	a post ferti	lization age at leas	t 20 weeks?		
☐ Yes ■		F	.6				Yes [F				
If the previous question	ı was	answered yes, comple	ete the followi	ng questions.		If the previou	ıs questi	ion was a	nswered ye	s, complete the fol	lowing questions.		
Was the fetus given the	he be	st opportunity to survi	ve?			Was the fet	us given	the best	opportunit	y to survive?			
☐ Yes ☐	No						Yes [No					
		ermination that the pro									man had a condition		
woman?	edure	e to avert death or serie	ous impairmei	it to the preg	паш	woman?	u me pro	ocedure i	o avert dea	iii oi serious iiipai	rment to the pregnant		
Date last normal mense	es bes	gan		Physician	estimate	e of gestation (in weeks	5)	Post fer	tilization age of th	e fetus (in weeks)		
	12	/05/2015				12		•		10	· ·		
How were the gestation													
ULTRASOUND													
Full name of physician	norf	orming termination											
DR. CAROL DELLING	_	aming termination											
Address of physician po		=		t, city, state,	and zip	code)							
200 S. MERIDIAN ST	, INE	DIANAPOLIS, IN 462	225										
**Date Reported to l	DCS	, if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnan	cy termination DNROE	
Patient's age**	3.7	. , 1	Date of pregn	nancy termin	nation	Educa	tion				Ī	
Patient's age** 40	Mai	ried ■ Yes 🔲 No		03/03/2016		Educa	iliOII		Some Co	ollege, No Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations		
Dates of termination	s (Do	not include this termina		than six (6),		ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination	
☐ Yes ■	No				■ None ☐ Uterine Perform							
					Hemorrhage Cervical Laceration							
Fetus viable?	_	If viable, medical	reason for term	nination:								
☐ Yes ■	No							∐ I	nfection	☐ Retain	ned Products	
					Other (Specify)							
Pathological examin	ation	If yes, results:										
performed?	Nο							Did this	s terminatio	on of pragnancy resu	It in a maternal death?	
				Yes			nt in a maternal death?					
				Type o	of Termi	nation Procedu	res					
Drogodyna that Ta	inat-	Dragnor						that T-	minoto J D	ragnanar.		
Procedure that Term	ınatec	Pregnancy				Additional P				•		
Medical (NonsuMedical (NonsuMedical (Nonsu	ırgica					☐ Medical	(Nonsu	rgical) N	Aifepriston Aisoprostol Other (Speci			
	1) 0						(0 1	1) 0				
		uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	al) Sucti al) Mens	on Curettag strual Aspir	ge ration		
Medical (Surgio									r (Specify)			
For Medical (Surgic	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures answ	er the following que	stion	
							_	_				
☐ Yes [] No						Yes [] No	•	ilization age at least		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give: ☐ Yes [pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?		
		etermination that the pr								hat the pregnant wor		
that required the pi woman?	ocedi	ire to avert death or seri	ious impairmer	nt to the preg	gnant	woman?	d the pr	ocedure t	o avert dea	ith or serious impairi	ment to the pregnant	
Date last normal me		egan 1/13/2016		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the 5	fetus (in weeks)	
How were the gestat		age and post fertilization	n age determin	l ned?						<u> </u>		
ULTRASOUND												
Full name of physici DR. CAROL DELLI	-	-										
	-	orming termination (num		t, city, state,	and zip	code)						
200 S. MERIDIAN	s⊺, IN	IDIANAPOLIS, IN 46	225									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					on		
						1						
Patient's age** 33	Marrio	ed • Yes No	Date of pregr	03/03/2016		Educa	tion	F		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		/ anic or Latino Hispanic or Latino	o □ Uni	known
Live Births:	N	Number now living	2				Number	now de		0		
Other Termination	s: N	Number of spontaneou		ļ			Number	of indu	iced termi			
Dates of termination	,	ot include this termin	,	()/		st recent.)						
Fetus delivered alive		If yes, length of ti			4.			5	Complic	cation(s) of Pregn	ancy Terminati	ion
Yes •		if yes, length of the	ine retus surviv	reu.				■ N	•	_	erine Perforation	
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Iemorrhag	<u> </u>	rvical Lacerati	
Yes • 1	No							∐ Iı	nfection	∐ Re	tained Product	S
								Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No								on of pregnancy r	esult in a mater	rnal death?	
						<u> </u>	Yes	■ No	0			
				m 1	ст	-4: D						
_				Type of	1 ermin	ation Procedu						
Procedure that Term	inated F	Pregnancy				Additional P	rocedure th	nat Terr	minated Pr	regnancy		
	Medical (Nonsurgical) Misoprostol						(Nonsurgie (Nonsurgie					
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							(Nonsurgi					
Medical (Surgional Control Contro	eal) Suc	ction Curettage				Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration						
	cal) Me	nstrual Aspiration				■ Medical		Mens	trual Aspi			
Wiedicai (Surgio	car) Ou	ісі (Бресіду)				Wicalcar	(Surgicar)	Ouici	(Бресцу)			
For Medical (Surgice	al) proc	edures, answer the fo	llowing questic	On.		For Medical	(Surgical)	proced	urae anew	ver the following		
	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fartilization age at least 20 weeks?						
	le or hav No	ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.		If the previou	is question	was ar	nswered ye	es, complete the f	ollowing quest	ions.
	n the be	st opportunity to surv	rive?				us given th Yes		opportunit	ty to survive?		
What was the basis	s for det	ermination that the pr	regnant woman	n had a condit	tion	What was t	he basis for	r deteri	mination t	hat the pregnant v	voman had a co	ondition
		e to avert death or ser								ath or serious imp		
woman:						woman.						
Data last normal	actimata	of gestation (in waal-a)		Doct f-	ertilization and of	the fetus (in	aaks)				
Date last normal me	-	gan /15/2015		rnysician e	esumate	of gestation (ın weeks)		rost te	rtilization age of	the fetus (<i>in we</i> 8	eks)
	ional ag	ge and post fertilization	on age determin	ned?					1			
ULTRASOUND												
Full name of physics	an nort	arming termination										
Full name of physici	NGER											
Address of physician 200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		et, city, state, o	and zip c	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy terminatio MONROE					*				
Patient's age**		. ,	Date of pregn	nancy termin	nation	Educa	ntion				1	
Patient's age**	Maı	ried ☐ Yes ■ No		03/03/2016		Educa	aciOII		Asso	ociate Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black	or Africa	an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	per now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations		
Dates of termination	s (Do	not include this termin	0 ation. If more t	than six (6),	those mo	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination	
☐ Yes ■ I	No							• 1	None	☐ Uterii	ne Perforation	
								ı	Hemorrhag	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes I	N.O.	If viable, medical	reason for term	nination:				_ ı	nfection	□ Potoi	ned Products	
☐ Fes 🛅 I	NO										ned Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did thi	s termination	on of pregnancy resu	lt in a maternal death?	
								☐ Ye		0		
											1	
				Туре о	of Termin	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	eonancy		
										•		
	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								Aifepriston Aisoprostol			
	l) Other (Specify)					Other (Spec						
Medical (Surgic	2 (In	uction Curettage				☐ Medical	(Surgic	val) Sucti	on Curetta	ga.		
☐ Medical (Surgio	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ge ration		
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.	
	_											
	e or i	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	as answered yes, compl	lete the followi	ng questions	8	If the previou	ıs anesti	ion was a	nswered ve	es, complete the follo	owing questions	
				ng question	·	-	-		·	•	owing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				tus giver Yes [_	opportunit	ty to survive?		
		etermination that the pr	roanent	hod a - "	ition	_			minati- ·	hat the pregnant won	non had a so	
		ire to avert death or seri									ment to the pregnant	
woman?						woman?						
Date last normal men	ıses t	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)	
	1	2/26/2015		,		9		· 		7		
_	ional	age and post fertilization	n age determin	ned?								
ULTRASOUND												
	-	rforming termination										
DR. CAROL DELLI		R orming termination (num	mher and street	t city state	and sir	code)						
	-	NDIANAPOLIS, IN 46		., спу, мие,	ини ДІР	couc _j						
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 421	SOUTH COLL	.EGE Cit	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age**	3.5	.,	Date of prece	nancy terminati	Or	Educat	tion					
23	Mai	ried Yes No		03/03/2016	OII	Educat	LIOII	H	-	ool Diploma o	r GED	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	Black or	Afric	an American	Unknow		Not 1	y anic or Latino Hispanic or La		Unknown
Live Births:		Number now living	3				Number no	w de	eceased	0		
Other Termination	ns:	Number of spontaneous	terminations 0				Number of	indu	ced termi	inations 0		
Dates of termination	ns (Do	not include this termina				ost recent.)						
Fetus delivered alive	a?	If yes, length of tim		ad.		4		5	Compli	cation(s) of Pro	6egnancy	Termination
Yes •		if yes, length of this	ie ietus surviv	reu.				ı N	•			e Perforation
								_	emorrhag			al Laceration
Fetus viable?	No.	If viable, medical re	eason for term	nination:]			,~ <u> </u>		
☐ Yes ■	110								nfection	:6.)	Ketain	ed Products
Pathological examin	nation	If yes, results:						J ()	ther (Spe	cify)		
performed?		ii yes, iesuits:										
☐ Yes ■	No							this Yes			cy resul	t in a maternal death?
				Type of T	<u>Termi</u> ı	nation Procedur	es					
Procedure that Term	ninated	l Pregnancy				Additional Pr	ocedure that	Tern	ninated P	regnancy		
_							(Nonsurgical					
						☐ Medical	(Nonsurgical	í) M	isoprosto	1		
	urgica	i) Other (specify)				iviedical	(Nonsurgical	1) U	uier (<i>Spec</i>	ayy)		
☐ Medical (Surgio	cal) N	uction Curettage Ienstrual Aspiration				☐ Medical	(Surgical) S (Surgical) M	Aenst	trual Aspi	ration		
Medical (Surgio	cal) C	other (Specify)					(Surgical) O					
For Medical (Surgic	al) pro	ocedures, answer the foll	owing question	on.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viab	le or l	ave a post fertilization a	ge at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
		as answered yes, comple	te the followi	ng questions.		_	_		iswered v	es, complete th	ne follo	wing questions.
		pest opportunity to surviv		6 1			_		-	ty to survive?	- 10110	.0 1
	☐ No						tes No		-PPOLWIII	-, 10 Sui 1110:		
		etermination that the pre										an had a condition
woman?	rocedi	are to avert death or serio	ous impairmei	и to tne pregna	ınt	that required woman?	ı ine procedu	ure to	avert dea	ain or serious i	ınpaırn	ent to the pregnant
Date last normal menses began Physician esti						e of gestation (i	n weeks)		Post fe	ertilization age		etus (in weeks)
12/23/2015 How were the gestational age and post fertilization age determined?						10					8	
ULTRASOUND	aonai	age and post fertilization	age determin	iou.								
<u>. </u>												
Full name of physici												
		orming termination (num	ber and stree	t, city, state, an	ıd zip	code)						
	-	NDIANAPOLIS, IN 462										
**Date Reported t												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					*						
Patient's age**		1	Date of pregn	anov to-	nation	Educa	tion				1			
19	Mai	ried ☐ Yes ■ No		03/03/2016		Educa	шоп		Some Co	ollege, No Degree				
Race American Indiana Native Hawaiian			Asian White	_	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations				
Dates of termination	s (Do	not include this termin	0 ation. If more ti	han six (6),	those me	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ 1	No							■ 1	None	☐ Uterin	ne Perforation			
								П	Hemorrhage	e 🛭 Cervi	cal Laceration			
Fetus viable?	_	If viable, medical	reason for term	nination:					Ü	_				
☐ Yes ■ 1	No							l ∐ I	nfection	☐ Retain	ned Products			
									Other (Spec	cify)				
Pathological examina	ation	If yes, results:												
performed?	No							Did this	tarminatio	on of prognancy rosu	It in a maternal death?			
						Yes		on of pregnancy resu	lt in a maternal death?					
				Type	of Termi	mination Procedures								
	_			1 ype 0	71 1 CHIHI									
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy				
Medical (Nonsu									Mifepriston					
Medical (Nonsu	l) Misoprostol l) Other (<i>Specify</i>)					Misoprostol Other (Speci								
_ `	U	, (1 33)				_	`	,	. 1					
		uction Curettage Ienstrual Aspiration				Medical	(Surgic	al) Sucti	on Curettaş strual Aspir	ge				
☐ Medical (Surgic									struai Aspii r (<i>Specify)</i>	ration				
											_			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical (Surgical) procedures, answer the following question.								
		nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
☐ Yes [_ No)					res L	_ No						
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	is questi	ion was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus given	the	best opportunity to surv	rive?			Was the fet	us giver	the best	opportunit	y to survive?				
☐ Yes ☐] No)					Yes [No						
		etermination that the pr								hat the pregnant won				
that required the pr woman?	ocedi	ire to avert death or seri	ious impairmen	it to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impairs	nent to the pregnant			
						<u> </u>								
Date last normal mer		-		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)			
How were the gestet		01/08/2016 age and post fertilization	n age determin	l led?		7				5				
ULTRASOUND	ionai	use and post retuinzatio	n ago dotellilli	.cu.										
Full name of physici	an no	rforming termination												
DR. CAROL DELLI	_	-												
Address of physician	perf	orming termination (num	mber and street	t, city, state,	, and zip	code)								
200 S. MERIDIAN S	ST, IN	NDIANAPOLIS, IN 46	225											
**Date Reported to DCS, if Patient under 14 (month, day, year):														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						•			
Patient's age**		1	Date of pregn	anov to-	ation	Educa	tion					
18	Maı	ried ☐ Yes ■ No		03/03/2016		Educa	ition	1	High Scho	ol Diploma or GED)	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)						
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination	
⊥ res • 1	NO							1	None	☐ Uterir	ne Perforation	
								I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes I	Vο	If viable, medical	reason for term	iination:				Пі	nfection	☐ Retair	ned Products	
	10									_	icu i roducis	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did thi	s terminatio	on of pregnancy resu	It in a maternal death?	
						☐ Ye)				
											1	
				Туре	of Termin	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
										•		
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol									Aifepristone Aisoprostol			
	l) Other (Specify)					Other (Speci						
Madical (Symple	1) 6	votion Cumattaga				— Madiaal	(Cumaia	al) Cuati	on Cumatta			
☐ Medical (Surgion)	al) N	uction Curettage Ienstrual Aspiration				Medical	(Surgic	al) Sucu	on Curettag strual Aspir	ge ration		
☐ Medical (Surgion	al) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	 stion.	
		have a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?						
	■ No		age at least 20	weeks:			Yes [_	a post tert	mzanon age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	lete the following	ng auestions	s.	If the previou	ıs auesti	ion was a	nswered ve	es, complete the follo	owing questions.	
				ng question		•	•		•	•	wing questions:	
Was the fetus giver ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?		
What was the basis	ford	atarmination that the ne	agnent women	had a aand	ition	What was t	ha hagis	for data	mination th	hat the prognant won	on had a condition	
		etermination that the properties of the properti								hat the pregnant won th or serious impairr		
woman?						woman?						
Date last normal men	ıses t	egan		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)	
		2/08/2015				12				10	·	
_	ional	age and post fertilization	n age determin	ied?								
ULTRASOUND												
	-	rforming termination										
DR. CAROL DELLI			mbor and atmos	t aits etet:	and =:-	coda)						
	-	orming termination (num		i, city, state,	, апа zīр	coue)						
	,		-									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					*		
Patient's age**	•	.,	Date of proce	ancy termi-	nation	Educa	ntion					
Patient's age** 19	Maı	ried □ Yes ■ No	Date of pregn	03/03/2016		Educa	uiOII		Bach	nelor's Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations		
Dates of termination 1. 11/16/2015	s (Do	not include this termin	v	han six (6),		ost recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■ I	No							■ 1	None	☐ Uteri	ne Perforation	
								П	Hemorrhag	e ∏ Cerv	ical Laceration	
Fetus viable?	NT o	If viable, medical	reason for term	nination:						_		
☐ Yes ■ I	NO							l l	nfection	☐ Retai	ned Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this			ılt in a maternal death?	
								☐ Yes	s 🔳 No	0		
				Туре	of Termin	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
■ Medical (Nonsu	rgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e		
Medical (Nonsurgical) Misoprostol						☐ Medical	(Nonsu	rgical) N	/lisoprostol			
Medical (Nonsurgical) Other (Specify)						☐ Medica	(Nonsu	rgical) C	Other (Spec	ify)		
		uction Curettage				Medical	(Surgic	al) Sucti	on Curetta	ge .		
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspin r (Specify)	ration		
						_						
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.	
	e or l	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	as answered yes, compl	lete the following	ng question	s.	If the previo	ıs quest	ion was a	nswered ye	es, complete the foll	owing questions.	
Was the fetus given ☐ Yes ☐		pest opportunity to surv	rive?				tus giver Yes [_	opportunit	ty to survive?		
	_	etermination that the pr	egnant women	had a cond	ition	_	_	_	mination t	hat the preamont was	man had a condition	
that required the pr		re to avert death or ser				that require					ment to the pregnant	
woman?						woman?						
Date last normal men		•		Physician	estimate	e of gestation (in week:	5)	Post fe	rtilization age of the	e fetus (in weeks)	
II		1/08/2015		- 10		7				5		
How were the gestat ULTRASOUND	ional	age and post fertilization	ni age determin	iea?								
Full name of physici DR. CAROL DELLI	-	rforming termination										
	-	orming termination (num		t, city, state,	, and zip	code)						
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					•				
Patient's age**			Date of pregn	anov to-	nation	Educa	tion				1	
20	Maı	ried □ Yes ■ No		03/03/2016		Educa	шоп	ı	High Scho	ol Diploma or GEI)	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)						
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination	
☐ Yes ■ I	NO							• 1	None	☐ Uteri	ne Perforation	
								I	Hemorrhage	e 🔲 Cervi	ical Laceration	
Fetus viable? Yes I	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products	
	NO									_	ned I roducts	
									Other (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did thi	s terminatio	on of pregnancy resu	alt in a maternal death?	
						☐ Ye)				
				Туре	of Termin	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
		•								•		
 Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol 									Aifepristone Aisoprostol			
	Other (Specify)					Other (Speci						
Madical (Surgic	2 (10	uction Curettage				Medical	(Surgio	val) Sucti	on Curettag			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration		
☐ Medical (Surgio	al) C	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.	
	_	ave a post fertilization										
			age at least 20	weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	as answered yes, compl	lete the following	ng auestions	S.	If the previou	ıs auesti	ion was a	nswered ve	es, complete the foll	owing questions.	
				ng question		•	•		•	•	owing questions.	
Was the fetus giver ☐ Yes [pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?		
What was the basis	ford	etermination that the pr	ognant woman	had a aand	ition	What was t	ha hagis	for data	mination th	hat the pregnant was	nan had a condition	
		re to avert death or ser									ment to the pregnant	
woman?						woman?						
Date last normal menses began Physician estima						e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)	
	(1/05/2016				6				4	·	
_	ional	age and post fertilization	n age determin	ied?								
ULTRASOUND												
	_	rforming termination					-					
DR. CAROL DELLI		orming termination (num	mher and street	t city state	and zin	code)						
	-	IDIANAPOLIS, IN 46		., спу, ыше,	ани цр	couc,						
**Date Reported to DCS, if Patient under 14 (month, day, year):												
Date Reported t	υDC	ക, n ranent under 14	+ (montn, day, j	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addr PLANNED PARENTHOOD (AVENUE, BLOOMINGTON,	ess (PPC) IN, 4	SI) (MONROE CO.) - 42 7403	1 SOUTH COLL	EGE City	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						•	
Patient's age** M	arrie	d Yes No		ancy terminatio	on	Educat	tion		Some Co	llege, No [Dearee	
Race American Indiana or Native Hawaiian or 0	· Alas	ka Native [Pacific Islander [☐ Asian ■ White	Black or A	African A	American		known	Ethnicity Hispa Not H	nic or Latin	10	Unknown
Live Births:		umber now living	0					er now de		0		
Other Terminations:		umber of spontaneou	1				Numb	er of indu	iced termir	ations 0		
Dates of terminations (L. 10/01/2015	o no	t include this termina	•	han six (6), tho	se most r	recent.)						
Fetus delivered alive? Yes No	_ 2	If yes, length of tin	ne fetus surviv	red:	4			5	_	ation(s) of I	_	y Termination
								■ N	Vone	L] Uterin	e Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				H	Hemorrhage	· [] Cervic	cal Laceration
☐ Yes ■ No								☐ I	nfection] Retain	ned Products
									Other (Spec	ify)		
Pathological examinatio	n	If yes, results:										
performed? Yes No								Did this			ncy resul	lt in a maternal death
				Type of T	erminatio	on Procedur	es					
Procedure that Terminat	ed P	regnancy			A	dditional Pr	ocedure	e that Terr	minated Pr	egnancy		
Medical (Nonsurgion	cal)	Mifepristone				7 Medical	(Nonsu	rgical) M	lifepristone	•		
Medical (NonsurgioMedical (Nonsurgio			Medical	(Nonsu	rgical) M	Iisoprostol ther (Speci						
iviculcai (ivolisuigio	cai)	Other (Specify)				J Wiedicai	(140Hsu	igicai) O	uici (speci	197		
					_ _							
☐ Medical (Surgical) ☐ Medical (Surgical)									on Curettag trual Aspir			
Medical (Surgical)						Medical	(Surgic	al) Other	(Specify)			
For Medical (Surgical) p	proce	dures, answer the fol	lowing questic	on.	— <u>-</u>	or Medical (Surgica	al) proced	ures, answ	er the follow	wing ques	stion.
Was the fetus viable or	r hav	e a post fertilization a	ige at least 20	weeks?	,	Was the fetu	ıs viabl	e or have	a post ferti	lization age	e at least 2	20 weeks?
☐ Yes ☐ I		1	C				es [1	C		
If the previous question	was	answered yes, comple	ete the followi	ng questions.	If	the previou	s questi	ion was a	nswered ye	s, complete	the follo	wing questions.
Was the fetus given the		t opportunity to survi	ve?		,	Was the fetu	ıs giver Yes [opportunit	y to survive	?	
What was the basis for												nan had a condition
that required the proce woman?	dure	to avert death or serie	ous impairmer	it to the pregnai		that required woman?	d the pr	ocedure to	o avert dea	th or serious	s impairn	nent to the pregnant
Date last normal menses	beg	an		Physician est	imate of	gestation (i	n weeks	5)	Post fer	tilization as	ge of the	fetus (in weeks)
	01/	06/2015		_		6					4	
How were the gestational ULTRASOUND	al ago	e and post fertilization	n age determin	ed?								
SETTAGOOND												
Full name of physician p	erfo	rming termination										
DR. CAROL DELLING	ER											
Address of physician per 200 S. MERIDIAN ST,		-		t, city, state, an	d zip cod	le)						
35 35 35 35 37 37 37 37 37 37 37 37 37 37 37 37 37		52.5, 11. 102										
**Date Reported to D	Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	BLOOMING I ON MONROE					•				
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	ntion					
33	Mar	ried ■ Yes 🔲 No		03/03/2016		Educa			Some Co	ollege, No Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American		known	☐ Not F	nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations		
Dates of termination	s (Do	not include this termin	v	than six (6),		ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	ation(s) of Pregnand	cy Termination	
☐ Yes ■ I	No							■ 1	None	☐ Uteri	ne Perforation	
								П	Hemorrhage	e 🗆 Cerv	cal Laceration	
Fetus viable?	_	If viable, medical	reason for term	nination:					Ü			
☐ Yes ■ I	No							□ I	nfection	☐ Retai	ned Products	
									Other (Spec	ify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s terminatio	on of pregnancy resi	alt in a maternal death?	
								☐ Yes				
				Туре	of Termin	nation Procedu	res					
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy		
									//////////////////////////////////////	•		
						☐ Medical	(Nonsu	rgical) N	Iisoprostol			
Medical (Nonsurgical) Other (Specify)						☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)		
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge		
☐ Medical (Surgion Med		Ienstrual Aspiration							strual Aspir r (Specify)	ration		
Wiedieur (Burgie	, ai) C	dier (speegy)				Wiediean	(Burgie	ar) Ouic	(Бресцу)			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.	
	le or h	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.	
Was the fetus given ☐ Yes [pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?		
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	nat the pregnant wo	nan had a condition	
that required the pr		ire to avert death or seri				that require					ment to the pregnant	
woman?						woman?						
Date last normal men		•		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)	
How were the gestat		1/18/2016 age and post fertilization	n age determin	led?		6				4		
ULTRASOUND		Poor Portineatio										
Full name of physici DR. CAROL DELLI	NGE	₹										
	-	orming termination (num		t, city, state,	, and zip	code)						
200 S. WERIDIAN S	וו, וכ,	UIAINAFULIS, IN 46										
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
Patient's age** 21	Marı	ied □ Yes ■ No	Date of pregn	nancy termina 03/03/2016		Educa	tion		Some Co	llege, No Degre	e
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	0					er now d		0	
Other Terminations	•	Number of spontaneou	0				Numb	er of ind	uced termir	nations 0	
Dates of terminations	(Do	not include this termina	,	than six (6), t	those mo	ost recent.)		_			
Fetus delivered alive?)	If yes, length of tin		/ed:		4		5	Complic	ation(s) of Pregna	ncy Termination
☐ Yes ■ N	lo	, , ,						■ N	None	☐ Ute	rine Perforation
								Пв	Hemorrhage	e \square Cer	vical Laceration
Fetus viable? ☐ Yes ■ N	Īo.	If viable, medical r	eason for term	nination:					nfection	_	ained Products
1cs N										_	anica i roducts
Pathological examina	tion	If yes, results:							Other (Spec	ify)	
performed?		ii yes, resuits.									
☐ Yes ■ N	Ю							Did this			sult in a maternal death?
		- 1									
	_			Type of	f Termii	nation Procedu	res				
Procedure that Termin	nated	Pregnancy		J J.		Additional Pr		that Ter	minated Pro	egnancy	
		•									
☐ Medical (Nonsur ☐ Medical (Nonsur			(Nonsu	rgical) M	Iifepristone Iisoprostol						
Medical (Nonsurgical) Other (Specify)						☐ Medical	(Nonsu	rgical) C	Other (Speci	fy)	
Medical (Surgical									on Curettag strual Aspir		
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical Me		enstrual Aspiration ther (Specify)							strual Aspir r (<i>Specify</i>)	ation	
For Medical (Surgical	l) pro	cedures, answer the fol	lowing question	on.		For Medical	Surgica	al) proced	lures, answ	er the following q	uestion.
-	_	ave a post fertilization a					_	_		lization age at lea	
Yes •			ige at least 20	weeks:			Yes [a post tern	mzation age at ica	St 20 WCCKS:
If the previous question	on wa	is answered yes, comple	ete the followi	ng questions	i.	If the previou	s questi	ion was a	nswered ye	s, complete the fo	llowing questions.
		est opportunity to survi	ve?						opportunit	y to survive?	
☐ Yes ☐						_	Yes [_			
		etermination that the pro- re to avert death or seri-									oman had a condition irment to the pregnant
woman?			I	F1-8	,	woman?	p-			P	
Date last normal menses began Physician estimate							n weeks	s)	Post fer	•	ne fetus (in weeks)
How were the costotic		0/26/2015 Ige and post fertilization	age determin	ned?		13				1	1
ULTRASOUND	onal a	igo ana post ierunzanoi	ı age ücterilili	icu:							
<u> </u>											
Full name of physicia	_	-									
DR. CAROL DELLIN		rming termination (nun	nber and stree	t, citv. state	and zin	code)					
= -	_	DIANAPOLIS, IN 462		., e.,, oune,	Lip						
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP		.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					•			
	1		-			1						
Patient's age** 21	Marri	ed Yes I No	Date of pregn	nancy termin 03/03/2016		Educa	ntion			ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living						er now d		0		
Other Termination	ıs:	Number of spontaneou	us terminations				Numb	er of ind	uced termin	nations		
		ot include this termin	0 ation. If more t	than six (6).	those m	ost recent.)				0		
1		2.				4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	ration(s) of Pregnand	y Termination	
☐ Yes ■	No								None	☐ Uteri	ne Perforation	
								П	Hemorrhage	e \square Cervi	cal Laceration	
Fetus viable?	No	If viable, medical	reason for term	nination:					C	_		
☐ Yes ■	NO								nfection	_	ned Products	
									Other (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s terminatio	on of pregnancy resu	lt in a maternal death?	
								☐ Yes			·	
Г												
				Туре	of Termi	nation Procedu	ires					
Procedure that Term	inated	Pregnancy				Additional P	rocedura	that Tar	minated De	eonancy		
										•		
Medical (Nonsi						☐ Medical ☐ Medical	(Nonsu	rgical) N rgical) N	Aifepristone Aisoprostol	e		
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)						Medical	(Nonsu	rgical) C	Other (Speci	ify)		
Medical (Surgional Control Contro	201) C 11	ation Curattaga				☐ Madical	(Curaio	al) Suati	on Curettag	70		
☐ Medical (Surgio	cal) Me	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir			
Medical (Surgion	cal) Ot	her (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	estion.	
Was the fetus viab	le or he	ve a post fertilization	age at least 20	weeks?								
	No	ve a post fertilization	age at least 20	weeks:		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	tion was	s answered yes, comp	lete the followi	ng question	s.	If the previou	ıs auesti	on was a	nswered ve	es, complete the follo	owing questions.	
				ng question			_		-	_	owing questions.	
Was the fetus give ☐ Yes [est opportunity to surv	nve?				tus given Yes [opportunit	y to survive?		
		termination that the p	regnant women	had a cond	lition		_	_	mination 4	nat the pregnant wor	nan had a condition	
		e to avert death or ser									ment to the pregnant	
woman?						woman?						
Date last normal me	nses be	gan		Physician	n estimat	e of gestation (in weeks	;)	Post fer	rtilization age of the	fetus (in weeks)	
	11	/21/2015				8				6	·	
_	tional a	ge and post fertilization	on age determin	ned?								
ULTRASOUND												
Full name of physic	-	-			-					·		
DR. CAROL DELLI		ming termination (nu	mher and stree	t city state	and sin	code)						
	-	DIANAPOLIS, IN 46		., спу, мие,	, απα τιρ	couc _j						
		· · ·										
wak D	. ~~-	I CD	4.									
**Date Reported	to DCS	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGAVENUE, BLOOMINGTON, IN, 47403	GE City or	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
30 Yes No 03	ncy termination 3/03/2016	Educa	tion		ool Diploma or GED				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Unl		nnic or Latino Hispanic or Latino				
Live Births: Number now living 6			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations 4			Numb	er of induced termin	-				
Dates of terminations (Do not include this termination. If more that L. UNKNOWN 2. UNKNOWN 3. UNKNOWN		nost recent.) 4. UNKNOWN	l	5	6				
Fetus delivered alive? If yes, length of time fetus survived	d:			Complic	cation(s) of Pregnancy Termination				
☐ Yes ■ No				None	☐ Uterine Perforation				
Fetus viable? If viable, medical reason for termin	nation:			Hemorrhage	e Cervical Laceration				
☐ Yes ■ No				☐ Infection	☐ Retained Products				
				Other (Spec	cify)				
Pathological examination performed? If yes, results:									
☐ Yes ■ No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?				
	Type of Term	mination Procedures							
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol		☐ Medical	(Nonsur	rgical) Mifepriston rgical) Misoprostol					
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsu	rgical) Other (Spec	ify)				
			/G :	1) G .: G .::					
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgica	al) Suction Curettag					
Medical (Surgical) Other (Specify)		Medical	(Surgica	al) Other (Specify)					
For Medical (Surgical) procedures, answer the following question		For Medical	(Surgica	l) procedures, answ	er the following question.				
Was the fetus viable or have a post fertilization age at least 20 w	reeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
Yes No If the previous question was answered yes, complete the following	a questions				es, complete the following questions.				
Was the fetus given the best opportunity to survive?	g questions.	1	•	the best opportunit					
☐ Yes ☐ No			Yes [•				
What was the basis for determination that the pregnant woman h that required the procedure to avert death or serious impairment		that require			hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?		woman?							
Date last normal menses began	Physician estima	te of gestation (a	in weeks	Post fe	rtilization age of the fetus (in weeks)				
12/28/2015 How were the gestational age and post fertilization age determined	42	9			7				
ULTRASOUND	u: 								
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street, 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	city, state, and zip	p code)							
255 S. MENDININ 61, INDININAL OLIO, IN 40225									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregn BLOOI	ancy terr			County of pregnan	cy termination DNROE
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educa	ntion				
38	Maı	ried Yes No		03/03/2016		Educa	itiOII		Bach	nelor's Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black	or Africa	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termina		than six (6),	those mo	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination
☐ Yes ■ I	NO							• 1	None	☐ Uteri	ne Perforation
7		70						☐ I	Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	Vo	If viable, medical	reason for term	nnation:				Пі	nfection	☐ Retai	ned Products
D-4h-1i1i-					Other (Spec	uy)					
Pathological examin performed?											
☐ Yes ■						on of pregnancy resu	It in a maternal death?				
					☐ Yes	s 🔳 No	0				
				Type o	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu		☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e					
☐ Medical (Nonsu ☐ Medical (Nonsu					Aisoprostol Other (Spec						
		Wiedica	(1101134	igical) C	other (Spee)	937					
		uction Curettage Ienstrual Aspiration				Medical	(Surgic	al) Sucti	on Curettag strual Aspin	ge	
Medical (Surgio									r (Specify)	ration	
For Medical (Surgice	al) pr	ocedures, answer the fol	llowing questic			For Medical	(Surgice	al) proced	hirae anew	er the following que	etion
	_										
	le or l ■ No	have a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the followi	na questions	c	If the previous	ıs anesti	ion was a	newered ve	es, complete the follo	owing questions
				ng questions	s.	_	_		-	-	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				tus giver Yes [_	opportunit	ty to survive?	
What was the basis	ford	etermination that the pr	egnant women	had a condi	ition	_		_	mination 4	hat the pregnant wor	nan had a condition
that required the pr		ire to avert death or seri				that require					ment to the pregnant
woman?						woman?					
Date last normal mer		•		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)
How word the		2/31/2015	n aga dat'			6				4	
ULTRASOUND	ional	age and post fertilizatio	n age determin	icu :							
Full name of physici	an ne	rforming termination									
DR. CAROL DELLI	_	-									
	-	orming termination (num		t, city, state,	and zip	code)					
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225								
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE				
		T —							
27 Yes No	nancy termination 03/03/2016	Educat	tion		ociate Degree				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Uni		nnic or Latino Hispanic or Latino				
Live Births: Number now living 0				er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	nations 0				
Dates of terminations (Do not include this termination. If more t	han six (6), those m	nost recent.)		5.	6.				
Fetus delivered alive? If yes, length of time fetus surviv	red:			Complic	eation(s) of Pregnancy Termination				
☐ Yes ■ No				None	☐ Uterine Perforation				
Fetus viable? If viable medical reason for term	nination:			☐ Hemorrhage	e Cervical Laceration				
Yes No	mucion.			☐ Infection	☐ Retained Products				
				Other (Spec	ify)				
Pathological examination If yes, results:									
Fetus viable? Yes No If viable, medical reason for termination: Infection Retained Products Other (Specify) Pathological examination performed? Yes No Type of Termination Procedures Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration									
1									
	Type of Term	ination Procedur	tion Procedures						
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
		☐ Medical	(Nonsu	rgical) Mifepriston	e				
Medical (Surgical) Suction Curettage		☐ Medical	(Surgical	al) Suction Curetta	ge				
			(Surgica	al) Menstrual Aspir	ration				
and (english)			(~ 8	, (~ <i>p</i> 9,7)					
For Medical (Surgical) procedures, answer the following questic	on.	For Medical (Surgica	ıl) procedures, answ	er the following question.				
Was the fetus viable or have a post fertilization age at least 20		Was the fett	us viable	e or have a post fert	ilization age at least 20 weeks?				
☐ Yes ■ No			Yes □						
If the previous question was answered yes, complete the followi	ng questions.		•	·	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			is given Yes	the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment					hat the pregnant woman had a condition the or serious impairment to the pregnant				
woman?	it to the pregnant	woman?	a the pro	because to avert aca	an or serious impairment to the pregnant				
Date last normal menses began 12/26/2015	Physician estima	te of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 7				
How were the gestational age and post fertilization age determin	led?	<u> </u>			,				
ULTRASOUND									
Full name of physician portarring torring in									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and stree 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	code)							
200 G. IVILINDIAIV GT, INDIAIVAF OLIG, IN 40223									
**Date Reported to DCS, if Patient under 14 (month, day,	year):				-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE	City or t	own, of pregna BLOOM	incy termination	1	County of pregnan	cy termination NROE	
Dationt's 44	I _		Data -f	an ave tee	atic	Lei	tion				
Patient's age** 24 Race	Marı	ried Yes I No	Date of pregr	03/03/2016		Educa	tion	Some C	ollege, No Degree		
☐ American Indian☐ Native Hawaiian			Asian White	■ Black o	or Afric	an American	Unknown	Hisp	y panic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	2				Number now	deceased	1		
Other Termination	13.	Number of spontaneou	0				Number of in	duced termi	inations 2		
Dates of termination 1. 2014	ns (Do	not include this termino 2. UNKNOWN		than six (6), th		ost recent.) 4	5		6		
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:				Compli	cation(s) of Pregnanc	y Termination	
☐ Yes ■	No				■ None ☐ Uterine Perfe						
Fetus viable?		If viable, medical i	reason for term	nination:				Hemorrhag	ge 🔲 Cervi	cal Laceration	
Yes •	No	ii viable, incarcar i	eason for term	imation.				Infection	☐ Retain	ned Products	
								Other (Spe	cify)		
Pathological examin	ation	If yes, results:									
performed? Yes	No						Did th	is terminati	ion of pregnancy resu	It in a maternal death?	
								es 🔳 N			
				Type of	Termi	nation Procedur	res				
Procedure that Term	inated	Pregnancy				Additional Pr	rocedure that To	erminated P	regnancy		
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)				
		Other (Specify)					(Nonsurgical)				
		action Curettage					(Surgical) Suc				
☐ Medical (Surgion Med		lenstrual Aspiration ther (Specify)					(Surgical) Mer (Surgical) Oth				
For Medical (Surgic	al) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	edures, ansv	wer the following que	stion.	
		ave a post fertilization	age at least 20	weeks?				e a post fer	tilization age at least	20 weeks?	
Yes [as answered yes, compl	ete the followi	na auestions		_	Yes No	ancwered v	ves, complete the follo	owing questions	
		est opportunity to survi		ing questions.	•		us given the be		-	owing questions.	
	☐ No						Yes No	11	,		
		etermination that the pr							that the pregnant wor ath or serious impair		
that required the procedure to avert death or serious impairment to the pregna woman?					nant	woman?	a the procedure	to avert de	am or serious impair	nent to the pregnant	
Date last normal me		egan 1/07/2016		Physician 6	estimate	e of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)	
How were the gestat		age and post fertilization	n age determir	ned?		6			4		
ULTRASOUND											
Full name of physics DR. CAROL DELLI											
	_	orming termination (nur		et, city, state, o	and zip	code)					
200 S. MERIDIAN	51, IN	IDIANAPOLIS, IN 462	225 								
**Date Reported t	to DC	S, if Patient under 14	l (month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE	City or t	own, of pregna				County of pregna	nncy termination
Patient's age** 35	Mari	ried No	Date of pregn	nancy termin 03/03/2016		Educa	tion		Some Co	ollege, No Degree	9
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not F	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	3				Numb	er now d	eceased	0	
Other Terminations	:	Number of spontaneou	s terminations 0	1			Numb	er of ind	uced termin	nations 1	
Dates of terminations UNKNOWN	(Do	not include this termina	•	than six (6), t	those mo	ost recent.)		_			
Fetus delivered alive?)	If yes, length of tin	ne fetus surviv	ved:		4		5	Complic	ation(s) of Pregnar	ncy Termination
Yes N		in yes, rengan or an	ie retas sur viv					■ N	None	☐ Uter	rine Perforation
									Hemorrhage	_	vical Laceration
Fetus viable?	r_	If viable, medical r	eason for term	nination:					Ü	_	
☐ Yes ■ N	10								nfection	_	ained Products
		70							Other (Spec	ify)	
Pathological examina performed?	tion	If yes, results:									
☐ Yes ■ N	lo.							Did this			sult in a maternal death?
									S <u>= 140</u>)	
				Typo	f Tarm:	nation Procedu	rec				
D 1 3 2 2 2		D.		1 ype 0	ı ıcıllıll			d : m			
Procedure that Termin		•				Additional Pr					
Medical (NonsurMedical (Nonsur									Aifepriston Aisoprostol	e	
Medical (Nonsur									Other (Speci	ify)	
Medical (Surgica						_			on Curettag		
☐ Medical (Surgica ☐ Medical (Surgica		lenstrual Aspiration ther (Specify)							strual Aspir r (<i>Specif</i> y)	ration	
For Madical (Surgical	1) pro	cedures, answer the fol	lowing quartic			For Medical	(Suraiae	1) pr oced	luras answ	er the following qu	uestion.
-	_							_			
Was the fetus viable Yes		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes		a post fert	ilization age at leas	st 20 weeks?
If the previous question	on wa	as answered yes, comple	ete the followi	ing questions	s.	If the previou	ıs questi	ion was a	nswered ye	s, complete the fol	llowing questions.
		est opportunity to survi				•	•		•	y to survive?	
Yes Yes							Yes [оррогили	y to survive.	
		etermination that the pro-									oman had a condition
that required the pro- woman?	ocedu	re to avert death or seri-	ous impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	irment to the pregnant
Date last normal men	ses b	egan		Physician	estimate	e of gestation (i	in weeks	5)	Post fer	rtilization age of th	ne fetus (in weeks)
	0	1/10/2016		,		7		-		5	
How were the gestation ULTRASOUND	onal a	age and post fertilization	n age determin	ned?							
GETTAGOOND											
Full name of physicia	n per	forming termination									1
DR. CAROL DELLIN	IGEF	₹									
= -	_	rming termination (num		et, city, state,	and zip	code)					
200 G. IVILITIDIAN S	. , 11\	DIAMAI OLIO, IIV 402									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	CSI) (MONROE CO.) - 421	1 SOUTH COLL	_EGE Ci	ity or t	own, of pregna BLOOM	ncy terminat	tion		County of preg	nancy MON	
Patient's age**		., T	Date of proces	nancy terminati	ion	Educat	tion					
21	Mar	ried Yes No		03/03/2016	1011	Educal			Some C	ollege, No Degr	ee	
Race American Indiana Native Hawaiian		_	Asian White	☐ Black or	Africa	an American	Unknow	vn		y anic or Latino Hispanic or Latin	o	Unknown
Live Births:		Number now living	0				Number no	ow de		0		
Other Termination	s:	Number of spontaneous	s terminations 0				Number of	indu	iced termi	nations 0		
Dates of termination	s (Do	not include this termina		than six (6), the	ose mo	ost recent.)						
1		1			5						nonov.'	Tormination
Fetus delivered alive Yes I		If yes, length of tim	ne fetus surviv	/ed:				- ·	•	_	•	
								■ N		_		Perforation
Fetus viable?		If viable, medical re	eason for term	nination:				_ H	Iemorrhag	ge ∐ C	ervica	l Laceration
Yes I	No] It	nfection	□ R	etaine	d Products
] C	ther (Spe	cify)			
	ation	If yes, results:										
performed? Yes No							Did				result	in a maternal death?
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage								Yes	■ N	0		
				m 2=	г .							
_		_		Type of T	ı ermir	nation Procedur						
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that	Terr	ninated P	regnancy		
				(Nonsurgica (Nonsurgica								
							(Nonsurgica					
							(Surgical) S					
☐ Medical (Surgion Med		ther (Specify)					(Surgical) N (Surgical) C					
For Medical (Surgical	al) nro	cedures, answer the foll	owing question	on		For Medical (Surgical) pro	oced	ures ansu	ver the following	anesti	- on
	. 1		0 1									
was the fetus viable Yes		ave a post fertilization a	ige at least 20	weeks?			is viable of the Yes \square No		a post ter	tilization age at le	east 20) weeks?
If the previous quest	ion wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s question w	as ar	nswered y	es, complete the	follow	ing questions.
Was the fetus given	n the b	est opportunity to survi	ve?			Was the fetu	us given the	best	opportuni	ty to survive?		
	☐ No	11 2					res		11	•		
		etermination that the pre										n had a condition ent to the pregnant
woman?	ocedu	re to avert death of serio	ous impairmei	iit to the pregna	anı	woman?	a the procedi	uie u	averi de	ani oi serious iiii	Janine	ant to the pregnant
Date last normal men	nses b	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fe	ertilization age of	the fe	tus (in weeks)
How d		1/02/2016	age d	2049		8					6	
How were the gestat	ional a	nge and post fertilization	age determin	ied?								
Full name of physici												
DR. CAROL DELLI		R erming termination (num	ther and stree	et city state a	nd zir	code)						
	-	IDIANAPOLIS, IN 462		., сыу, ыше, ш	.m Lip	couc _j						
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	•			County of pregna	ncy termination ONROE
Patient's age**			Date of pregn	nanov toma	nation	Educa	tion				
20	Mai	ried □ Yes ■ No		03/03/2016		Educa	шоп		High Scho	ol Diploma or GE	D
Race American Indian Native Hawaiian		laska Native	Asian White		or Afric	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin		han six (6),		ost recent.)		5		1 6	
Fetus delivered alive	?	If yes, length of tir	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination
☐ Yes ■ I	No							• 1	None	☐ Uter	ine Perforation
								Пі	Hemorrhag	a D Carr	rical Laceration
Fetus viable?		If viable, medical	reason for term	nination:						_	
☐ Yes ■ I	No							_ I	nfection	☐ Reta	ined Products
					Other (Spec	cify)					
				Did thi	terminatio	on of pragnancy res	ult in a maternal death?				
				Ye:			uit in a maternal death?				
Pathological examination performed? Yes No If yes, results:											
				Type o	of Termi	nation Procedu	res				
D 1 4		l D		1, pc (4			
Procedure that Term		Additional P	rocedure	e that Ter	minated Pr	egnancy					
					/lifepriston						
					Aisoprostol Other (<i>Spec</i>						
						☐ Medical ☐ Medical	(Surgic	al) Sucti	on Curettag strual Aspin	ge ration	
									r (Specify)		
For Medical (Surgice	al) pro	ocedures answer the fo	llowing questic			For Medical	(Surgice	al) proced	hirec ancw	er the following qu	estion
							_	_			
			age at least 20	weeks?			us viabl Yes 🏻 🗀	_	a post fert	ilization age at leas	t 20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	c	If the previou	is anesti	ion was a	newered ve	es, complete the fol	lowing questions
				ng question			_		-	_	lowing questions.
Was the fetus given Yes		pest opportunity to surv	ive?				us giver Yes 🏻 🗀	_	opportunit	y to survive?	
3371						_		_			1 1 12
		etermination that the parties to avert death or serior									man had a condition rment to the pregnant
woman?						woman?					
Date last normal men	nses b	egan		Physician	n estimate	e of gestation (in weeks	5)	Post fe	rtilization age of th	e fetus (in weeks)
	1	2/20/2015				10				8	·
=	ional	age and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physici DR. CAROL DELLI	-	-									
		orming termination (num	mber and stree	t, citv. state	, and zin	code)					
	-	IDIANAPOLIS, IN 46		., сту, ыше,	, and 41 <i>p</i>						
**Data Danceted	יי דיכ	S if Dationt we don't	1 (m and) 1	naa-1:							
""Date Reported t	o DC	S, if Patient under 1	+ (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE	City or t	own, of pregna	•			County of pregnar	ocy termination
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	tion				
Patient's age** 27	Mar	ried ☐ Yes ■ No		1ancy termin 03/04/2016		Educa	WIOII		Asso	ociate Degree	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations	
Dates of termination UNKNOWN	s (Do	not include this termino	v	than six (6),		ost recent.)		5		0 6	
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	/ed:					Complic	cation(s) of Pregnand	cy Termination
☐ Yes ■ I	No				■ None ☐ Uterine Perforation						
								П	Hemorrhag	e \square Cerv	ical Laceration
Fetus viable?	NT o	If viable, medical	reason for term	nination:						_	
☐ Yes ■ I	NO								nfection	_	ned Products
					Other (Spec	rify)					
Pathological examin performed?	If yes, results:										
Yes •							alt in a maternal death?				
					☐ Yes	s 🔳 No)				
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
☐ Medical (Nonsu		☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e					
☐ Medical (Nonsu		Medical	(Nonsu	rgical) N	Iisoprostol						
☐ Medical (Nonsu		Medical	(Nonsu	rgicai) C	Other (Spec	ify)					
		uction Curettage							on Curetta		
☐ Medical (Surgio		Ienstrual Aspiration Other (Specify)							strual Aspii r (<i>Specif</i> y)	ration	
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.
	e or h ■ No	have a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?	
	_			1 1 .		_	_	_		L a d	
		etermination that the pr ire to avert death or seri									nan had a condition ment to the pregnant
that required the procedure to avert death or serious impairment to the pregna woman?						woman?				•	
Date last normal men	ises b	egan		Physician	n estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)
	(01/07/2016				8				6	
=	ional	age and post fertilizatio	n age determin	ned?							
ULTRASOUND											
	_	rforming termination									
DR. CAROL DELLI			nhar and et	t city at at	and =i=	code)					
	-	orming termination (num		ı, cuy, state,	, una zip	coue)					
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	-			County of pregna	ncy termination ONROE
Patient's age** 44	Mar	ried No	Date of pregn	nancy termina 03/10/2016		Educa	tion		Some Co	llege, No Degree	3
Race American Indiana Native Hawaiian		her Pacific Islander [Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino lispanic or Latino	☐ Unknown
Live Births:		Number now living	0					er now d		0	
Other Terminations	s:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termir	nations 1	
Dates of terminations UNKNOWN	s (Do	not include this termina	•	than six (6), t	those mo	ost recent.)		=		4	
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	/ed:		4		5	Complic	ation(s) of Pregnar	acy Termination
☐ Yes ■ N		7 107 10 10						■ N	None	☐ Utei	ine Perforation
								_ 	Hemorrhage	— · □ Cerv	rical Laceration
Fetus viable? ☐ Yes ■ N	Jo	If viable, medical r	eason for term	nination:					nfection	_	ined Products
res r	NO									_	illed Products
									Other (Spec	ify)	
Pathological examina performed?	ation	If yes, results:									
☐ Yes ■ 1	No							Did this			ult in a maternal death?
								i es	5 <u>-</u> NO)	
				т '	f Ta '	notion P 1	POC				
		_		1 ype of	ı 1ermii	nation Procedu					
Procedure that Termi	inated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy	
☐ Medical (Nonsu☐ Medical (No									lifepristone Iisoprostol	2	
		Other (Specify)							ther (Speci	fy)	
Medical (Surgic	al) S	uction Curettage							on Curettag		
☐ Medical (Surgic ☐ Medical (Surgic		Ienstrual Aspiration							strual Aspir (Specify)	ation	
	, -	(- F 9))					(~ 8	,	(~F95)		
	4							-			
	_	ocedures, answer the following				For Medical	(Surgica	ıl) proced	ures, answ	er the following qu	estion.
Was the fetus viabl ☐ Yes ☐		ave a post fertilization a	age at least 20	weeks?			us viabl Yes [a post ferti	lization age at leas	t 20 weeks?
		as answered yes, comple	ete the follows	na auestions		_	_	_	newered ve	s, complete the fol	lowing questions
•				ng questions	·-	•	•		·	-	lowing questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes		opportunit	y to survive?	
What was the basis	for d	etermination that the pro	egnant woman	n had a condit	tion	What was th	he basis	for deter	mination th	at the pregnant wo	oman had a condition
that required the prowoman?	ocedu	re to avert death or serie	ous impairmer	nt to the preg	nant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant
						3					
Data last normal re	1000 1-	agan		Dhyminia	actimat	of gostation (in 1110 al-	2)	Doct f-	tilization acc of 4	a fatus (in weeks)
Date last normal men		egan 1/12/2016		Filysician	esumate	e of gestation (i	п wеекs	· <i>)</i>	rost lei	tilization age of th 7	· · ·
_	onal	age and post fertilization	n age determin	ned?					1		
ULTRASOUND											
Fa-11 C. 1		£									
Full name of physicia DR. CAROL DELLII	_	-									
= :	_	orming termination (nun		t, city, state,	and zip	code)					
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 462	225								
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTOR	O (PP		1 SOUTH COLL	.EGE (City or t	town, of pregna	•				ancy termination MONROE
Patient's age**	Marr	ied □ Yes ■ No	Date of pregn	nancy termina		Educa	tion	ı	High Scho	ol Diploma or G	FD
Race American Indiana Native Hawaiian o		aska Native	☐ Asian ■ White			an American	☐ Un	known	Ethnicity Hispa		
Live Births:		Number now living	1				Numb	er now d		0	
Other Terminations:		Number of spontaneous	s terminations 0				Numb	er of ind	aced termin	nations 0	
Dates of terminations	(Do 1	not include this termina		than six (6), t	hose me	ost recent.)					
1		2				4		5	Complia	ation(s) of Pregna	may Tampination
Fetus delivered alive? ☐ Yes ■ No		If yes, length of tin	ne fetus surviv	ved:					•	_	•
									None	_	erine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				l l	Hemorrhage	e 🗌 Cei	vical Laceration
☐ Yes ■ No	0							☐ I	nfection	Ret	ained Products
									Other (Spec	rify)	
Pathological examinat performed?	ion	If yes, results:									
Yes N	o							Did this	terminatio	on of pregnancy re	sult in a maternal death?
								☐ Yes	s 🔳 No)	
				Type of	f Termin	nation Procedur	res				
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure	e that Ter	minated Pr	egnancy	
Medical (Nonsurg									lifepriston		
Medical (NonsurgMedical (Nonsurg									Iisoprostol other (<i>Speci</i>		
Medical (Surgical	1) Çı	ction Curattaga				☐ Medical	(Surgic	val) Sucti	on Curettag		
☐ Medical (Surgical)	l) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	trual Aspir		
Medical (Surgical	I) Ot	her (Specify)				Medical	(Surgic	al) Other	(Specify)		
For Medical (Surgical)) pro	cedures, answer the following	owing question	on.		For Medical (Surgica	al) proced	ures, answ	er the following q	uestion.
		we a post fertilization a	ige at least 20	weeks?					a post fert	ilization age at lea	st 20 weeks?
☐ Yes ☐						_	Yes [_			
If the previous questio	n wa	s answered yes, comple	ete the followi	ng questions.	•	If the previou	s questi	ion was a	nswered ye	es, complete the fo	ollowing questions.
Was the fetus given to Yes		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
		termination that the pro	anant woman	had a condit	tion	_	_	_	mination th	nat the pregnant w	oman had a condition
that required the pro-		e to avert death or serie				that require					irment to the pregnant
woman?						woman?					
				T = -					1 -		
Date last normal mens		gan 1/17/2016		Physician	estimate	e of gestation (i 7	n weeks	5)	Post fe	_	he fetus (in weeks)
How were the gestatio			age determin	ned?		· ·					-
ULTRASOUND											
Full name of physician DR. CAROL DELLIN	_	-									
Address of physician p			ber and stree	t, city, state,	and zip	code)					
200 S. MERIDIAN ST	T, IN	DIANAPOLIS, IN 462	225								
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE	City or t	own, of pregna	•			County of pregna	nncy termination
Patient's age** 21	Mar	ried No	Date of pregn	nancy termina 03/10/2016		Educa	tion		Some Co	ollege, No Degree	e
Race American Indiana Native Hawaiian o	or Ot	her Pacific Islander [Asian White	Black of Other	or Africa	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	0					er now d		0	
Other Terminations:	•	Number of spontaneou	0				Numb	er of ind	uced termir	nations 0	
Dates of terminations	(Do	not include this termina	,	than six (6), t	those mo	ost recent.)		_			
Fetus delivered alive?		If yes, length of tin		ved:		4		5	Complic	ation(s) of Pregnar	ncy Termination
☐ Yes ■ N		7,						■ N	None	☐ Ute	rine Perforation
								_ 	Hemorrhage	_ - П Сег	vical Laceration
Fetus viable? ☐ Yes ■ N		If viable, medical r	eason for term	nination:					nfection	_	ained Products
☐ Ies 🖃 N	O									_	amed Products
		70 1							Other (Spec	ify)	
Pathological examinat performed?	tion	If yes, results:									
Type of Termination Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone											sult in a maternal death?
								☐ Yes	s 🔳 No)	
				T	6Т- '	notio- D 1	* 0.5				
		_		1 ype of	ı rermii						
Procedure that Termir	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy	
									Aifepristone Aisoprostol	e	
Medical (Nonsur									ther (Speci	fy)	
Medical (Surgica	ıl) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag		
	d) M	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir r (Specify)		
in Medical (Surgical	ii) O	ulei (<i>specijy)</i>				Wiedicai	(Surgic	ai) Ouie	і (зресіју)		
For Medical (Surgical	l) pro	ocedures, answer the following	lowing questic	on.		For Medical	Surgica	al) proced	lures, answ	er the following qu	iestion.
Was the fetus viable		ave a post fertilization a	age at least 20	weeks?			us viabl Yes [a post ferti	ilization age at leas	st 20 weeks?
						_	_	_			
If the previous question	on wa	as answered yes, comple	ete the follows	ng questions	•	If the previou	s questi	on was a	nswered ye	s, complete the fol	llowing questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
		etermination that the pro	egnant women	n had a condi	tion	_	_	_	mination th	at the pregnant w	oman had a condition
that required the pro		re to avert death or seri-				that require					irment to the pregnant
woman?						woman?					
Date last normal mens		egan 1/07/2016		Physician	estimate	e of gestation (i	n weeks	5)	Post fer	tilization age of th	
How were the gestation		age and post fertilization	n age determin	ned?		U				0	
ULTRASOUND											
	_										
Full name of physician	_	-									
DR. CAROL DELLIN		orming termination (num	nber and stree	t, citv. state	and 7in	code)					
= :	_	IDIANAPOLIS, IN 462									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	City or t	own, of pregna BLOOM	ncy termination	on	County of pregna	ncy termination ONROE		
Dationt's ag-**	_		Date of	nonov tow	nticm	Fd	tion					
Patient's age** 22	Mai	ried Yes I No	Date of pregr	03/10/2016	atiOII	Educat		9th-	12th, No Diploma			
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	an American	Unknown		rity spanic or Latino ot Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Number nov		0			
Other Termination	ıs:	Number of spontaneou		1			Number of i	nduced terr				
Dates of termination	ns (Do	not include this termina				ost recent.)			-			
Fetus delivered alive	<u> </u>	If yes, length of tir	3			4	5.		olication(s) of Pregnan	cv Termination		
Yes Yes		ir yes, length of the	ne retus surviv	red.				■ None ☐ Uterine Perforation				
					☐ Hemorrhage ☐ Cervical Laceration							
Fetus viable?	No	If viable, medical i	reason for term	nination:				Infection	_	ined Products		
l les	110								_	med Froducts		
Pathological examin	nation	If yes, results:					$-$ $^{\sqcup}$	Other (S _I	ресіју)			
performed?		ii yes, iesuits.										
☐ Yes ■	No							his termina Yes 🔳		ult in a maternal death?		
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							•					
				Type of	Termi	nation Procedur	res					
Procedure that Term	ninated	l Pregnancy				Additional Pr	ocedure that T	erminated	Pregnancy			
						_	(Nonsurgical)		•			
Medical (Nonst	urgica	l) Misoprostol					(Nonsurgical) (Nonsurgical)	Misopros	tol			
		, (Specify)				caicui	(or (op	777			
Madias 1 (Com.)	001) 0	uotion Creatton				Mad:1	(Quecical) C	ation C	ttaga			
☐ Medical (Surgio	cal) N	uction Curettage Menstrual Aspiration				Medical	(Surgical) Su (Surgical) Mo	enstrual As	piration			
Medical (Surgio	cal) C	otner (Specify)				☐ Medical	(Surgical) Ot	ner (<i>Specif</i>	y)			
For Medical (Surgic	cal) pro	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) prod	edures, an	swer the following qu	estion.		
Was the fetus viab ☐ Yes [have a post fertilization a	age at least 20	weeks?			us viable or ha Yes 🔲 No	ve a post f	ertilization age at leas	t 20 weeks?		
		as answered yes, comple	ete the followi	ng questions.		_	_	answered	yes, complete the fol	lowing questions.		
		best opportunity to survi		5 1		_			nity to survive?	5 1 ····· 2··		
	□ No						res No	or opportu	my to survive:			
		etermination that the property to evert death on sori							n that the pregnant wo			
woman?	rocedi	ire to avert death or seri	ous impairmei	ii to the pregr	nant	woman?	u tne procedur	e to avert o	leath or serious impair	iment to the pregnant		
Date last normal me		-		Physician e	estimate	e of gestation (i	n weeks)	Post	fertilization age of the	e fetus (in weeks)		
How were the gestat		01/18/2016 age and post fertilization	n age determir	ned?		7			5			
ULTRASOUND	aonai	use and post fortifization	i ago doteriill	iou :								
<u>. </u>												
Full name of physics		rforming termination										
		orming termination (num	nber and stree	t, city, state, a	and zip	code)						
	_	NDIANAPOLIS, IN 462			-1	•						
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLI AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy MON	y termination NROE		
D. C. C. Market								
21	ancy termination 03/10/2016	Educa	tion		ollege, No Degree			
Race American Indiana or Alaska Native Asian Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		y anic or Latino Hispanic or Latino	Unknown		
Live Births: Number now living 0			Numb	er now deceased	0			
Other Terminations: Number of spontaneous terminations 0			Numb	er of induced termi				
Dates of terminations (Do not include this termination. If more the continuous continuou	han six (6), those m	nost recent.)		5	6			
Fetus delivered alive? Yes No If yes, length of time fetus survive	ed:			Complic	cation(s) of Pregnancy	Termination		
163 2 100				■ None		Perforation		
Fetus viable? If viable, medical reason for term	ination:			☐ Hemorrhag	ge 🗌 Cervica	al Laceration		
☐ Yes ■ No				☐ Infection	_	ed Products		
Pathological examination				Other (Spec	cify)			
performed?								
☐ Yes ■ No				Yes N	on of pregnancy result o	in a maternal death?		
	Type of Term	ination Procedu	res					
Procedure that Terminated Pregnancy		that Terminated Pr						
 Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) 		☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol rgical) Other (Spec	1			
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) Medical (Surgical) Medical (Surgical) Other (Specify)								
For Medical (Surgical) procedures, answer the following questio	<u>.</u>	For Medical	Surgice	1) procedures answ	ver the following quest	_ ion		
Was the fetus viable or have a post fertilization age at least 20				_	tilization age at least 2			
Yes No	4:		Yes [_				
If the previous question was answered yes, complete the following Was the fetus given the best opportunity to survive?	ng questions.	Was the fet	us giver	the best opportunit	es, complete the follow ty to survive?	ving questions.		
☐ Yes ☐ No			Yes [_				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen woman?	hat the pregnant woma ath or serious impairm							
Date last normal menses began	Physician estima	te of gestation (i	in weeks	r) Post fe	ertilization age of the fo	etus (in weeks)		
01/27/2016 How were the gestational age and post fertilization age determine	•	6			4			
ULTRASOUND	cu:							
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (<i>number and street</i> 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	o code)						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy MON					ncy termination ONROE					
Patient's age**			Date of pregn	nanov tomo:	nation	Educa	tion								
22	Mar	ried ■ Yes □ No		03/10/2016		Educa	шоп		Some Co	ollege, No Degree					
Race American Indian Native Hawaiian			Asian White	_	or Afric	an American	Un	known	Ethnicity Hispa Not H	anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	0				Numb	er now d		0					
Other Termination	s·	Number of spontaneou					Numb	er of ind	uced termin	nations					
		not include this termin		than six (6),		ost recent.)		5		1 6					
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination				
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation				
								_ I	Hemorrhage		ical Laceration				
Fetus viable?		If viable, medical	reason for term	nination:					Ü	_					
☐ Yes ■ I	No							_ I	nfection	Reta	ined Products				
									Other (Spec	cify)					
Pathological examin	ation	If yes, results:													
performed?	No							Didthi	a tamainatia		alt in a matamal daath?				
	110							Yes			alt in a maternal death?				
				Type (of Termi	Termination Procedures									
D 1 4		l D		1 y pc (1011111			4							
Procedure that Term	ınatec	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy					
Medical (Nonsu									Aifepriston						
☐ Medical (Nonsu ☐ Medical (Nonsu		Other (Specify)							Aisoprostol Other (Speci						
Medical (Surgio		uction Curettage Ienstrual Aspiration							on Curettag						
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
For Medical (Surgice	al) pro	ocedures, answer the fol	llowing questic			For Medical	(Surgice	al) proced	lures answ	er the following au	estion				
	_					For Medical (Surgical) procedures, answer the following question.									
	le or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl Yes 🏻 🗀		a post fert	ilization age at least	20 weeks?				
	_		-4- 41 6 -11:		_	_	_	_		1-4- 4h - 6 -11					
If the previous quest	ion w	as answered yes, compl	ete the follows	ng question	IS.	If the previou	is questi	ion was a	nswered ye	es, complete the foll	owing questions.				
Was the fetus given ☐ Yes ☐		est opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?					
	_					_	_	_							
		etermination that the pr are to avert death or seri									man had a condition ment to the pregnant				
woman?			1	1	0	woman?				· · · · · · · · · · · · · · · · · · ·	r .8				
Date last normal men	ises h	egan		Physician	ı estimat	e of gestation (in wook	5)	Post for	rtilization age of the	e fetus (in weeks)				
_ acc last normal file		2/15/2015		2.17.5101011	- Commun	6	,reens	-/	1 030 101	4					
How were the gestat	age and post fertilization	ned?					1								
ULTRASOUND															
Full name of physici	_	-													
		orming termination (num	mber and street	t, city, state	, and zip	code)									
	-	IDIANAPOLIS, IN 46		J	· vp	,									
**Date Reported to DCS, if Patient under 14 (month, day, year):															

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	_EGE (City or t	town, of pregna	•			County of pregna	ancy termination MONROE			
Patient's age** 26	Marri	ed □ Yes ■ No	Date of pregn	nancy termina 03/10/2016		Educa	tion		High Scho	ol Diploma or GI	ED			
Race American Indiana o	or Ala	aska Native [Asian White			an American	☐ Un	known	Ethnicity Hispa					
Live Births:	1	Number now living	0				Numb	er now d	eceased	1				
Other Terminations:	1	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0				
Dates of terminations (Do n	ot include this termina		than six (6), t	those me	ost recent.)				<u>-</u>				
l		2				4		5	Complic	ation(s) of Pregna	ney Termination			
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus surviv	/ed:					•	_	·			
									None		erine Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:				H	Hemorrhage	e 🗌 Cer	vical Laceration			
☐ Yes ■ No)							☐ I	nfection	Ret	ained Products			
									Other (Spec	rify)				
Pathological examinati performed?	ion	If yes, results:												
Yes No)							Did this	terminatio	on of pregnancy re	sult in a maternal death?			
								☐ Yes	s 🔳 No)				
											1			
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (Nonsurg									lifepristone					
Medical (NonsurgMedical (Nonsurg									lisoprostol other (Speci					
_ ` `	,	1 007				_	`	0 /						
——————————————————————————————————————	\ C	·					/G :	1) (1	G #					
Medical (Surgical) Medical (Surgical)) Me	nstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir					
Medical (Surgical)) Otl	ner (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgical)	proc	edures, answer the fol	lowing questic	on.		For Medical (Surgica	al) proced	ures, answ	er the following q	uestion.			
		ve a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
☐ Yes ☐	No						Yes [No						
If the previous question	n was	answered yes, comple	ete the followi	ng questions		If the previou	s questi	ion was a	nswered ye	es, complete the fo	llowing questions.			
Was the fetus given the State of Yes □		st opportunity to survi	ve?				us giver Yes [opportunit	y to survive?				
		· · · a · a			.•		_	_			1 1 10			
		ermination that the pro e to avert death or seri-									oman had a condition irment to the pregnant			
woman?						woman?								
Date last normal mense		-		Physician	estimate	e of gestation (i	n weeks	5)	Post fer	•	he fetus (in weeks)			
How were the gestation	/22/2016 ge and post fertilization	n age determin	6					1						
ULTRASOUND			<u> </u>											
Full name of physician	_	orming termination												
DR. CAROL DELLING Address of physician p		ming termination (num	nher and stree	t. city state	and zin	code)								
200 S. MERIDIAN ST		-		., e., , oune,	Lip	-540)								
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):						-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or town, of pregnancy termination County of pregnancy BLOOMINGTON MON					ncy termination ONROE					
Patient's age**			Date of pregn	nanov tor	nation	Educa	tion				1				
22	Maı	πied ■ Yes □ No		03/10/2016		Educa	шоп		Some Co	ollege, No Degree					
Race American Indian Native Hawaiian			Asian White	_	or Afric	an American	□Un	ıknown	Ethnicity Hispa	anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living						oer now d		0	_				
Other Termination	g•	Number of spontaneou					Numb	per of ind	uced termin	nations					
		not include this termin	v	han six (6),		ost recent.)		5.		6.					
Fetus delivered alive	?	If yes, length of ti							Complic	cation(s) of Pregnan	cy Termination				
☐ Yes ■		J 11, 12						1	None	☐ Uteri	ine Perforation				
										_					
Fetus viable?		If viable, medical	reason for term	nination:				LJ I	Hemorrhage	e 🔲 Cerv	ical Laceration				
☐ Yes ■	No							I	Infection	Reta	ined Products				
									Other (Spec	rify)					
Pathological examin	ation	If yes, results:													
performed?	No							D:141		<u> </u>	11 10				
L les L	INO										ult in a maternal death?				
				Type	of Termi	Termination Procedures									
D 1 1 =		1.0		1 ype (. 1011111										
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy					
Medical (Nonsu									Mifepriston						
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)							Misoprostol Other (Speci						
	_								_						
		uction Curettage Ienstrual Aspiration							ion Curettag						
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
For Modical (Surgic	o1) pr	ocedures, answer the fo	llowing questic			Eor Modical	(Suraia	n1) proces	luros ansur	or the following au	estion				
_	_					For Medical (Surgical) procedures, answer the following question.									
	le or l ■ No	nave a post fertilization	age at least 20	weeks?			us viabl Yes - [a post fert	ilization age at leas	t 20 weeks?				
_	_	as answered yes, compl	ata tha followi	na auestion	10	If the praviou	ie anact	ion was a	neward ve	es, complete the foll	owing questions				
				ng question	18.		-		•	•	owing questions.				
Was the fetus gives ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [opportunit	y to survive?					
	_		roanant	hod o a 1	lition		_		minati 1	not the masser t -	man had a sanditi				
		etermination that the parties to avert death or serious									man had a condition ment to the pregnant				
woman?						woman?									
Date last normal me	nses b	egan		Physician	n estimat	e of gestation (in week:	s)	Post fer	rtilization age of the	e fetus (in weeks)				
	1	2/15/2015		_		9				7	, 				
=	ional	age and post fertilization	n age determin	ned?											
ULTRASOUND															
Full name of physici DR. CAROL DELLI	_	rforming termination													
		orming termination (num	mber and stree	t, citv. state	, and zin	(code)									
	-	NDIANAPOLIS, IN 46		.,, siene	, Lip	/									
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):														
Duic reported t	\cup \cup \cup	,, ii i ationi unuoi 1	· (monin, uuy,	yeur j						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	E City or town, of pregnancy termination County of p BLOOMINGTON					County of pregnan	cy termination DNROE				
Patient's age**	3.5	. ,	Date of pregn	ancy termi-	nation	Educ	ation				1				
31	Maı	rried Yes No		03/10/2016		Educ	atiOII		Mas	ster's Degree					
Race American Indian Native Hawaiian			Asian White	☐ Black ■ Other		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	2				Numb	per now d	eceased	0					
Other Termination	s:	Number of spontaneou					Numl	per of ind	uced termi						
Dates of termination 1. UNKNOWN	s (Do	not include this termina		han six (6),		ost recent.)		5		6					
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	y Termination				
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation				
									Hemorrhag	e \square Cervi	cal Laceration				
Fetus viable?	NT _	If viable, medical	reason for term	nination:					Č		ned Products				
☐ Yes ■ I	NO								nfection		ned Products				
									Other (Spec	cify)					
Pathological examin performed?	ation	If yes, results:													
Yes •	No										alt in a maternal death?				
								☐ Yes	s 🔳 No	0					
											1				
				Туре	of Termi	Termination Procedures									
Procedure that Term	inated	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy					
☐ Medical (Nonsu	ırgica	Mifepristone				☐ Medica	(Nonsu	ırgical) N	//////////////////////////////////////	e					
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medica	(Nonsu	rgical) N	/lisoprostol	Į.					
Medical (Nonsu	ırgıca	l) Other (Specify)				☐ Medica	(Nonsu	irgical) C	Other (Spec	rify)					
		uction Curettage							on Curetta						
☐ Medical (Surgio		Menstrual Aspiration Other (Specify)							strual Aspi r (Specify)	ration					
						☐ Medical (Surgical) Other (Specify)									
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.									
	le or l	nave a post fertilization	age at least 20	weeks?			tus viabl Yes [_	a post fert	tilization age at least	20 weeks?				
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.				
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?			_	tus giver Yes [_	opportunit	ty to survive?					
	_	letermination that the pr	agnort wome:	had a cord	lition	_	_		mination f	hat the pregnant wor	nan had a condition				
		are to avert death or seri									ment to the pregnant				
woman?						woman?									
Date last normal men		•		Physician	n estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)				
II		01/16/2016				8				6					
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ieu !											
Full name of physici DR. CAROL DELLI	_	rforming termination R													
	-	orming termination (num		t, city, state	, and zip	code)									
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225												
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy term MONROE					•					
Patient's age**		1	Date of pregn	nanov toma	nation	Educa	tion								
20	Mar	ried □ Yes ■ No		03/10/2016		Educa	ition	ļ	High Scho	ol Diploma or GEI)				
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	0				Numb	er now d	eceased	0					
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0					
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)	l								
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination				
	NO							• 1	None	☐ Uteri	ne Perforation				
F. 11.0		TC : 11 1: 1	· ·	. ,.				□ I	Hemorrhage	e 🔲 Cerv	ical Laceration				
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:				Пі	nfection	☐ Retai	ned Products				
										_					
Data ta ta ta ta	<i>,</i> •	TC 1						Ь,	Other (Spec	uJy)					
Pathological examin performed?	ation	If yes, results:													
☐ Yes ■	No									on of pregnancy rest	alt in a maternal death?				
								☐ Ye	s 🔳 No	0					
				Type o	of Termi	Termination Procedures									
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy					
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e					
Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)				☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Speci						
i Wedicai (Nollsu	iigica) Other (specify)					(INOIISU	igicai) C	otilei (speci	ijy)					
Medical (Surgio						Medical	(Surgic	al) Sucti	on Curettag	ge .					
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspir r (Specify)	ration					
						Interior (Sugrear) Outer (Specify)									
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.									
	le or h	ave a post fertilization	age at least 20	weeks?			us viabl Yes - [_	a post fert	ilization age at least	20 weeks?				
	_					_	_	_							
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previou	is questi	ion was a	nswered ye	es, complete the foll	owing questions.				
Was the fetus giver ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?					
	_					_		_		L v d	, ,				
		etermination that the pr are to avert death or seri									man had a condition ment to the pregnant				
woman?			•	1 .		woman?				•	1 0				
Date last normal men	nses b	egan		Physician	n estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)				
	(1/01/2016				9				7					
_	ional	age and post fertilization	n age determin	ned?											
ULTRASOUND															
Full name of physici DR. CAROL DELLI	-	-													
		orming termination (num	mber and stree	t, city, state	, and zin	code)									
	-	IDIANAPOLIS, IN 46		. 5, ,,,,,,,,,,,,,,,	~ <i>P</i>	,									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONR AVENUE, BLOOMINGTON, IN, 47403	ROE CO.) - 421 SOUTH COLLI	EGE City or	town, of pregna	ncy termination	1	County of pregnance	y termination NROE				
Patient's age** Married 17 Yes	_	ancy termination 03/10/2016	Educa	tion		ool Diploma or GED					
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific I	Islander White	☐ Black or Afric	can American	Unknown	☐ Not I	y anic or Latino Hispanic or Latino	Unknown				
Live Births: Number no	ow living 0			Number now		0					
Other Terminations: Number of	spontaneous terminations 0			Number of in	duced termi	nations 0					
Dates of terminations (Do not include	Ť										
	length of time fetus survive		4	5.	Complia	cation(s) of Pregnancy	/ Termination				
Yes No	rengui or time retus par 171				None	☐ Uterin	e Perforation				
			☐ Hemorrhage ☐ Cervical Laceration								
	le, medical reason for term	ination:				_					
☐ Yes ■ No					Infection	_	ed Products				
					Other (Spec	cify)					
Pathological examination If yes, performed?	results:										
☐ Yes ■ No							t in a maternal death?				
					es 🔳 N	υ					
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgical) MifepristoMedical (Nonsurgical) Misopros				(Nonsurgical) (Nonsurgical)							
Medical (Nonsurgical) Other (Sp				(Nonsurgical)							
Medical (Surgical) Suction Curet	ttage		☐ Medical	(Surgical) Suc	tion Curetta	ige					
Medical (Surgical) Menstrual As Medical (Surgical) Other (Specif	spiration			(Surgical) Me	nstrual Aspi	ration					
Medical (Surgical) Other (Specif	y)		☐ Medical (Surgical) Other (Specify)								
							_				
For Medical (Surgical) procedures, and	swer the following questio	n.	For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable or have a post for Yes ☐ No	fertilization age at least 20	weeks?		us viable or hav Yes ☐ No	e a post fert	tilization age at least 2	20 weeks?				
	Lyon normalate the followin	a avations		_	amarrama d vi	es, complete the follo	wina avastians				
If the previous question was answered		ig questions.	1	1	,	, 1	wing questions.				
Was the fetus given the best opportu ☐ Yes ☐ No	unity to survive?			us given the be Yes \text{No}	st opportuni	ty to survive?					
What was the basis for determination	n that the pregnant woman	had a condition	What was th	ne basis for det	ermination t	hat the pregnant wom	an had a condition				
that required the procedure to avert of			that require			ath or serious impairm					
woman?			woman?								
		Di				.00					
Date last normal menses began 01/08/2016		Physician estima	te of gestation (i 8	n weeks)	Post fe	ertilization age of the t	tetus (in weeks)				
How were the gestational age and post		ed?									
ULTRASOUND											
Full name of physician performing tender DR. CAROL DELLINGER	mination										
Address of physician performing term	nination (number and street	, city, state, and zip	o code)								
200 S. MERIDIAN ST, INDIANAPO	DLIS, IN 46225										
**Date Reported to DCS, if Patier	nt under 14 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	GE City or town, of pregnancy termination County of pregna BLOOMINGTON					nancy			
Dations 2			D-4 C		-4:	l mi	4:						
Patient's age** 19	Marrie [ed ☐ Yes ■ No	Date of pregr	03/10/2016		Educa	ition			ollege, No Degi	ree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	nn American	☐ Unknov			nnic or Latino Hispanic or Latin	10	Unknown	
Live Births:		umber now living	0				Number no			0		_	
Other Termination	s: N	umber of spontaneou		3			Number of	f induc	ced termin				
Dates of termination			v			ost recent.)				0			
Fetus delivered alive		If yes, length of ti			4	1		5	Complic	ation(s) of Pregi	nancy '	Termination	
Yes Yes		ii yes, iengui oi u	me retus surviv	veu:				■ No		_	•	Perforation	
										_			
Fetus viable?		If viable, medical	reason for tern	nination:				He	emorrhage	e	ervical	Laceration	
Yes I	No						[Inf	fection	☐ R	etaineo	l Products	
								Ot	ther (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No								terminatio	on of pregnancy	result i	n a maternal death?	
								Yes	■ No)			
				Type of	of Termin	nation Procedu	res						
Procedure that Term	inated P	regnancy				Additional P	rocedure that	ıt Term	inated Pr	egnancy			
Medical (Nonsu							(Nonsurgica						
Medical (Nonsu Medical (Nonsu							(Nonsurgica (Nonsurgica						
						_ (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Medical (Surgio	nal) Sua	tion Curattage				☐ Medical	(Surgical) S	Cuation	n Curatta				
☐ Medical (Surgio	cal) Mei	nstrual Aspiration				☐ Medical	(Surgical) N	Menstr	rual Aspir				
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?			us viable or l		post fert	ilization age at l	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previou	us question w	was ans	swered ye	es, complete the	follow	ing questions.	
	_	st opportunity to surv	vive?						pportunit	y to survive?			
	□ No					_	Yes N						
		ermination that the p to avert death or ser										n had a condition nt to the pregnant	
woman?			-			woman?	_						
Date last normal me	_			Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of		tus (in weeks)	
How were the gestat		05/2016 e and post fertilization	on age determin	ned?		8					6		
ULTRASOUND	ug	- See Pertineuti											
,													
Full name of physici DR. CAROL DELLI	-	rming termination											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
200 G. WERIDIAN	UI, IND	IN 40											
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	EGE	GE City or town, of pregnancy termination County of pregnancy te BLOOMINGTON MONRO						•				
Dationt's access			Date of	nonov to	notion	p.s	tion							
Patient's age** 23	Mar	ried Yes I No	Date of pregn	03/10/2016		Educa	uion	ı		ol Diploma or GEI	D			
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black □ Other	or Africa	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin					
Dates of termination UNKNOWN	s (Do	not include this termin		than six (6),		ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination			
☐ Yes ■ I	No							■ 1	None	☐ Uteri	ne Perforation			
								☐ I	Hemorrhage	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes I	Nο	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ined Products			
	10									_	med Froducts			
D-4h -1i1i-	_4:	If							Other (Spec	rify)				
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No							Did this			ult in a maternal death?			
								re:	S <u>= 140</u>)				
				Type o	of Termi	nation Procedu	res							
Procedure that Tame	inoto	Dragnanay		1 J PC 0	- 0.11111			a that Ta	minotod D.	ragnanev.				
Procedure that Term						Additional P				•				
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol					
		Other (Specify)							Other (Speci					
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	 ge				
	al) N	Ienstrual Aspiration			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
Wiediem (Burgie	.ai) C	uner (speetyy)				Medical (Surgical) Other (Specify)								
	1)	1	n :			For Medical (Surgical) procedures, answer the following question.								
		ocedures, answer the following					_	_						
	e or h	ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at least	t 20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?				
		etermination that the pr									man had a condition			
that required the pr woman?	ocedu	ire to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant			
Date last normal men	ises h	egan		Physician	estimate	e of gestation (in week	5)	Post for	rtilization age of the	e fetus (in weeks)			
Suc last normal file		1/01/2016		1 mysician	comman	9	WEER	•1	1 031 101	7	. Istus (at Weeks)			
_	age and post fertilization	ned?					•							
ULTRASOUND														
Full name of physici	_	-												
DR. CAROL DELLI		Porming termination (num	mher and stree	t city state	and zin	code)								
	-	IDIANAPOLIS, IN 46		ı, cııy, sıaıe,	ани цр	couc)								
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	GE City or town, of pregnancy termination County of pregnancy termination BLOOMINGTON MONRO									
Detical and			Der C		-4:	1	4:							
Patient's age** 26	Marrie [ed ☐ Yes ■ No	Date of pregr	03/10/2016		Educa	ation			ollege, No Deg	gree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		nnic or Latino Hispanic or Lati	no	Unknown		
Live Births:		umber now living					Number r			0		_		
Other Termination	s: N	umber of spontaneou	us terminations	3			Number o	of indu	iced termi					
Dates of termination			v			st recent.)				0				
I					4	k		5	Complie	eation(s) of Preg	nancy '	Termination		
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				■ N	•		•	Perforation		
								_						
Fetus viable?		If viable, medical	reason for term	nination:					lemorrhag			Laceration		
Yes •	No							☐ Ir	nfection		Retained	d Products		
									ther (Spec	rify)				
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No										result	in a maternal death?		
								Yes	■ No)				
				TP (f T '	estion D 1								
D =				1 ype of	ı rermin	Cermination Procedures								
Procedure that Term	inated P	regnancy				Additional P	rocedure tha	at Terr	ninated Pr	regnancy				
Medical (Nonsu Medical (Nonsu							(Nonsurgic							
Medical (Nonsu							(Nonsurgic							
Medical (Surgional Control Contro							(Surgical)							
Medical (Surgio		nstrual Aspiration er (Specify)					(Surgical)			ration				
						Section (Surgicial) Calci (Specify)								
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) p	proced	ures, answ	er the following	g questi	on.		
		e a post fertilization								ilization age at	_			
	■ No						Yes							
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previou	us question	was ar	iswered ye	es, complete the	follow	ing questions.		
	n the bes No	st opportunity to surv	vive?				tus given the Yes \[\] \[\]		opportunit	y to survive?				
		ermination that the p										n had a condition		
that required the programmer woman?	rocedure	to avert death or ser	ious impairme	nt to the preg	gnant	that require woman?	ed the proce	dure to	avert dea	th or serious in	npairme	nt to the pregnant		
Date last normal me	nses beg	an		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age o	of the fe	tus (in weeks)		
	01/	07/2016				9	,				7	,,		
How were the gestat ULTRASOUND	ional ag	e and post fertilization	on age determin	ned?										
OLIKASOUND														
Full name of physici	ian perfo	rming termination												
DR. CAROL DELLI	NGER		, .		y .	1.								
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)								
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_				

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or town, of pregnancy termination County of pregnance BLOOMINGTON MOI					gnancy MON			
Dations 2			D-4 C		-4:	1 = 1	-4:-						
Patient's age**	Marrie [ed ■ Yes □ No	Date of pregr	03/10/2016		Educa	ation			ollege, No Deg	gree		
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	nn American	☐ Unl	known		y anic or Latino Hispanic or Lati	ino	Unknown	
Live Births:	N	umber now living	2				Numbe	er now d	eceased	0			
Other Termination	s: N	umber of spontaneou		3			Numbe	er of ind	uced termi				
Dates of termination			v			ost recent.)							
Fetus delivered alive		If yes, length of ti			4	1		5	Complia	cation(s) of Pres	gnancy '	Termination	
Yes •		ii yes, lengui oi u	ine retus surviv	veu.				1	1		•	Perforation	
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_		Laceration	
Yes • 1	No							□ I	nfection		Retaine	d Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										result:	in a maternal death?	
								☐ Yes	s 🔳 N	0			
				Tr	.f Ta '	nation D 1	1200						
				1 ype o	ı rermin	nation Procedu							
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Ter	minated P	regnancy			
Medical (Nonsu									Aifepriston Aisoprosto				
Medical (Nonsu									Other (Spec				
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	l (Surgica	ıl) Sucti	on Curetta	ge			
	cal) Me	nstrual Aspiration							strual Aspi	ration			
- Wedlear (Surgic	our) our	or (Speedy)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	edures answer the fo	llowing questic			For Medical (Surgical) procedures, answer the following question.							
			• .				_	_					
	e or nav ■ No	e a post fertilization	age at least 20	weeks?			Yes [a post ter	tilization age at	least 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previo	us questio	on was a	nswered y	es, complete the	e follow	ing questions.	
	n the be	st opportunity to surv	vive?					the best No	opportuni	ty to survive?			
What was the basis	s for det	ermination that the p	regnant woman	n had a condi	ition							n had a condition	
that required the programmer woman?	rocedure	to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the pro	ocedure t	o avert dea	ath or serious in	npairme	nt to the pregnant	
Date last normal me	nses hee	ran		Physician	estimate	of gestation (in weeks)	Post fa	ertilization age o	of the fo	tus (in weeks)	
	01/	13/2016			- Simiate	9	weeks,	, 	1 050 10		7	(at meens)	
How were the gestat	e and post fertilization				_								
ULTRASOUND													
Full name of physici	an nerfo	rming termination											
DR. CAROL DELLI	NGER		, ,		, .	7 \							
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_			

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Facility Name and Ac PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or town, of pregnancy termination									
Patient's age** 21	Mar	ried No	Date of pregn	nancy termina 03/10/2016		Educa	tion		Some Co	llege, No Degree	•			
Race American Indiana Native Hawaiian	or Ot	her Pacific Islander [Asian White	☐ Black o	or Africa	an American		known	Not H	nic or Latino lispanic or Latino	☐ Unknown			
Live Births:		Number now living	0					er now d		0				
Other Terminations	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0				
Dates of terminations	(Do	not include this termina	•	than six (6), t	those mo	ost recent.)		_						
Fetus delivered alive?)	If yes, length of tin		/ed:		4		5	Complic	ation(s) of Pregnar	ncy Termination			
☐ Yes ■ N		7,						■ N	None	☐ Utei	rine Perforation			
								_ 	Hemorrhage	— - П Сег	vical Laceration			
Fetus viable? ☐ Yes ■ N	ſ.	If viable, medical r	eason for term	nination:					C	_				
☐ Yes ■ N	10								nfection	_	nined Products			
		70 1							Other (Spec	ify)				
Pathological examina performed?	tion	If yes, results:												
☐ Yes ■ N	lo							Did this			sult in a maternal death?			
								☐ 1es	5 <u>-</u> NO)				
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsur ☐ Medical (Nonsur									Aifepristone Aisoprostol	2				
Medical (Nonsur									ther (<i>Speci</i>	fy)				
Medical (Surgical)	al) S	uction Curettage				Medical	(Surgic	al) Sucti	on Curettag	e				
	al) M	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir					
i Medicai (Surgica	11) (ulei (<i>specijy)</i>				☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical	l) pro	ocedures, answer the following	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable ☐ Yes ☐		ave a post fertilization a	age at least 20	weeks?			us viabl Yes [a post ferti	lization age at leas	st 20 weeks?			
						_	_	_	1	1 (4 6 1				
		as answered yes, comple		ng questions	•	•	•		·	s, complete the fol	llowing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us giver Yes [opportunit	y to survive?				
What was the basis	for d	etermination that the pro	egnant woman	n had a condit	tion	What was t	ne hasis	for deter	mination th	at the pregnant we	oman had a condition			
that required the pro		re to avert death or serie				that require					rment to the pregnant			
woman?						woman?								
Date last normal men		egan 1/16/2016		Physician	estimate	e of gestation (i	n weeks	5)	Post fer	tilization age of th	· · · · · · · · · · · · · · · · · · ·			
How were the gestation		age and post fertilization	n age determin	l ned?		<u> </u>								
ULTRASOUND														
	_				·-						_			
Full name of physicia DR. CAROL DELLIN	_	-												
		rming termination (nun	nber and stree	t, city, state	and zip	code)								
= -	_	IDIANAPOLIS, IN 462												
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONRO									
Patient's age** 24	Marı	ried Yes No	Date of pregn	nancy termina		Educa	tion	ŀ	High Scho	ol Diploma or G	ED			
Race American Indiana Native Hawaiian o	or Otl	laska Native [ner Pacific Islander [Asian White			an American		known	Ethnicity Hispa Not H			Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Terminations:	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 1				
Dates of terminations UNKNOWN	(Do	not include this termina	v	than six (6), t	hose mo	ost recent.)								
Fetus delivered alive?	,	If yes, length of tin	ne fetus surviv	ved:		4		5	Complic	ation(s) of Pregna	ancy Te	ermination		
Yes N		in yes, length of the	ne retas sur viv	cu.				■ N	None	☐ Uto	erine Pe	erforation		
									Hemorrhage	_		Laceration		
Fetus viable?	r_	If viable, medical r	eason for term	nination:					Č	_				
☐ Yes ■ N	0								nfection	_	tainea i	Products		
Dala da		TC 1							Other (Spec	ify)				
Pathological examinat performed?	tion	If yes, results:												
☐ Yes ■ N	lo							Did this ☐ Yes			esult in	a maternal death?		
								·						
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone														
	gical) Misoprostol					(Nonsu	rgical) M	Iisoprostol					
Medical (Nonsur	gical	Other (Specify)				☐ Medical	(Nonsu	rgical) C	ther (Speci	ify)				
Medical (Surgica		enstrual Aspiration							on Curettag					
Medical (Surgica						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical	l) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgica	ıl) proced	ures, answ	er the following o	uestion	1.		
	_	ave a post fertilization a				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
Yes •			ige at reast 20	weeks.			res [u post rere	zuron ugo ur ret	.5. 20 .	, comp		
If the previous question	on wa	as answered yes, comple	ete the following	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the fo	ollowin	g questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?				
What was the basis	for de	etermination that the pro	egnant woman	had a condit	tion	What was tl	ne basis	for deter	mination th	nat the pregnant w	oman l	had a condition		
		re to avert death or serie								th or serious impa				
woman.						woman.								
Date last normal mens	ses h	egan		Physician 4	estimate	e of gestation (i	n wook	5)	Post for	rtilization age of t	he fetu	s (in weeks)		
	0	1/18/2016		-		6	weens		1 050 10	_	4	- (ar //cc/m)		
=	onal a	ge and post fertilization	n age determin	ned?										
ULTRASOUND														
Full name of physicia	_	-												
DR. CAROL DELLIN		rming termination (nun	nber and stree	t, citv. state	and zin	code)								
= :	_	DIANAPOLIS, IN 462		.,, seure, (
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregnar	ncy termination DNROE
Patient's age** 21	Mar	ried No	Date of pregn	nancy termina 03/10/2016		Educa	tion		Bach	elor's Degree	
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino lispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Terminations	::	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0	
Dates of terminations	(Do	not include this termina	,	than six (6), t	hose mo	ost recent.)					
I		2		1		4		5	Complic	ation(s) of Pregnan	cy Termination
Fetus delivered alive		If yes, length of tin	ne retus surviv	/ed:				■ N	None	_	ne Perforation
								_		_	
Fetus viable?		If viable, medical r	eason for term	nination:				∐ ŀ	Hemorrhage	e	ical Laceration
☐ Yes ■ N	lo							☐ I	nfection	Retai	ned Products
									Other (Spec	ify)	
Pathological examina performed?	ation	If yes, results:									
Yes I	No							Did this	terminatio	n of pregnancy rest	ılt in a maternal death?
								☐ Yes	s ■ No)	
				Type of	f Termir	nation Procedur	res				
Procedure that Termi	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy	
☐ Medical (Nonsur									lifepristone	e	
Medical (Nonsur) Misoprostol) Other (Specify)							Iisoprostol ther (<i>Speci</i>	fv)	
	0	, (- <u>F</u> <u>3</u> 2)						6 /	· · · (r · · · ·	,,,,	
	1) 0						· ·	1) 0			
	al) N	Ienstrual Aspiration				☐ Medical	(Surgical	al) Mens	on Curettag strual Aspir		
☐ Medical (Surgical	al) C	ther (Specify)				☐ Medical	(Surgical	al) Other	(Specify)		
For Medical (Surgica	l) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgica	l) proced	ures, answ	er the following que	estion.
		ave a post fertilization a	ige at least 20	weeks?		Was the fet	us viable	e or have	a post ferti	lization age at least	20 weeks?
☐ Yes ■	No						Yes [No			
If the previous questi	on w	as answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	s, complete the foll	owing questions.
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us given Yes		opportunit	y to survive?	
What was the basis	for d	etermination that the pro	egnant woman	ı had a condit	tion	What was tl	ne basis	for deter	mination th	at the pregnant wo	nan had a condition
		ire to avert death or serie									ment to the pregnant
woman:						woman:					
Date last normal men		egan 11/20/2016		Physician o	estimate	e of gestation (i 5	n weeks	;)	Post fer	tilization age of the	tetus (in weeks)
How were the gestati		age and post fertilization	n age determin	ned?		<u> </u>			1		
ULTRASOUND											
Full name of physicia DR. CAROL DELLIN	_	-			_		_	_			
		orming termination (num	nber and stree	t, city, state, c	and zip	code)					
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 462	225								
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	.EGE	City or t	own, of pregna	ancy tern			County of pregnar	DNROE		
Datient's acc**			Data of =	nanovi tow:	nation	17.4	ntion						
Patient's age** 30	Marri	ed □ Yes ■ No	Date of pregn	03/10/2016		Educa	auon		Bach	elor's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	Number now living	0				Numb	er now d	eceased	0			
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin				
Dates of termination	ns (Do n	ot include this termin	ation. If more t	than six (6),	those me	ost recent.)				U			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
	110							■ N	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				□ I	Hemorrhage	e 🔲 Cerv	ical Laceration		
Yes I	No	ii viaole, incalcar	reason for term	muton.				□ I	nfection	☐ Reta	ned Products		
									Other (Spec	eify)			
Pathological examin	ation	If yes, results:											
performed?	NI-												
☐ Yes ■	No							Did this			alt in a maternal death?		
							•						
				Type o	of Termi	nation Procedu	ıres						
Drogodyna da C	inst-17	Orognan ov		- 1 pc 0				that T	minot-JP	ognon ev			
Procedure that Term						Additional P							
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	l (Nonsuı l (Nonsuı	rgical) M rgical) M	Iifepriston Iisoprostol	e			
Medical (Nonsu						☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)			
Medical (Surgional Control Contro	cal) Suc	ction Curettage				☐ Medical	(Surgica	al) Sucti	on Curettag	 ge			
☐ Medical (Surgion Med		enstrual Aspiration							strual Aspir r (Specify)	ration			
Wiedlear (Surgi	car) Ou	ici (specijy)				Wiediean	(Burgiet	ar) Ourc	(вресцу)				
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	estion.		
	le or ha	ve a post fertilization	age at least 20	weeks?			tus viable Yes 🗀		a post fert	ilization age at leas	20 weeks?		
		answered yes, comp	lete the followi	ng questions	S	If the previou	us anesti	on was a	nswered ve	es, complete the foll	owing questions		
				ng question		_	_		-	-	owing questions.		
Was the fetus give		st opportunity to surv	ive?				tus given Yes		opportunit	y to survive?			
What was the basis	s for det	ermination that the p	regnant woman	ı had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	man had a condition		
		e to avert death or ser									ment to the pregnant		
woman:						woman:							
				_									
Date last normal me		gan /11/2015		Physician	estimate	e of gestation (in weeks)	Post fer	rtilization age of the	e fetus (in weeks)		
How were the gestat	ge and post fertilization	l ned?		13									
ULTRASOUND													
Full name of physici	_	orming termination											
DR. CAROL DELLI		min a tarrete d'		4 also	au 1 ·	anda)							
200 S. MERIDIAN	-	ming termination (nu.		ı, cıry, state,	ana zip	coae)							
	•												
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Patient's agent's Manitod Patient's Patient Patient Patient's Patient	Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE			
Anticon Ves No Salva Black or Afficient American Indiana or Other Placific Bainder Washing Black or Afficient American Indiana or Afficient Indiana or Afficient Indiana or Other Placific Bainder Washing Black or Afficient American Indiana or Other Placific Bainder Washing Indiana			1						
Another National Order Recitific Blander Asian Other Pacific Blander Other Other Pacific Blander Other Pacific Bla	23	•	Educa	tion		•			
Complete row living Number on selections Number of special continuous Number of special row selections None Department Department None Department Department None Department	☐ American Indiana or Alaska Native ☐ Asian	=	can American	☐ Uni	■ Hispa	nnic or Latino			
Dubes of terminations Dubes of spontaneous terminations Dubes of terminations (The not finduced terminations The procedures in the state of the state seminations of the state of t	Live Births: Number now living			Numb	er now deceased	0			
LUNKNOWN 2	Other Terminations: Number of spontaneous terminations 0			Numb	er of induced termin	nations			
Yes No None Uterine Perforation Hemorrhage Cervical Laceration Hemorrhage Cervical Laceration Infection Retained Products Other (Specify) Did hits termination performed? None Infection Retained Products Other (Specify) Did hits termination of pregnancy result in a maternal death? Procedure that Terminated Pregnancy Additional Procedures Additional Procedures None None Uterine Perforation Infection Retained Products Other (Specify) None Infection Retained Products None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None Infection None	*	han six (6), those m	ost recent.)		5	6			
Petus viable?	1 2 7 5	red:			Complic	eation(s) of Pregnancy Termination			
Feus wishe?					None	☐ Uterine Perforation			
Pathological examination performed Other (Specify)		nination:			_	_			
Pathological examination performed? Yes	∐ Yes ■ No				_	_			
Procedure that Terminated Pregnancy	Pathological examination If yes, results:				☐ Other (Spec	(TJ))			
Type of Termination Procedures Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No No Yes Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes Yes	performed?				Did this termination	on of pregnancy result in a maternal death?			
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (In weeks) Post fertilization age of the fetus (In weeks) 11 9 Medical (Surgical) Procedure to avert death or serious impairment of the pregnant woman? Physician performing termination Physician performing termination Physician performing termination (number and street, city, state, and zip code) Post fertilization age of the fetus (In weeks) Post fertilization age of the						1 6 3			
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 11 9 Medical (Surgical) Procedure to avert death or serious impairment of the pregnant woman? Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) No No No No No No No N									
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes		Type of Term							
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Spec									
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Medical (Surgical) Procedures, answer the following duestion of the fetty size of the fe	☐ Medical (Nonsurgical) Misoprostol		☐ Medical (Nonsurgical) Misoprostol						
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	Medicai (Nonsuigicai) Ouiei (Spectyy)	(gy)							
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	Medical (Surgical) Suction Curettage		☐ Medical	(Surgical	al) Suction Curetta	ge			
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No If the previous question was answered yes, complete the following questions. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) How were the gestational age and post fertilization age determined? ULTRASOUND Post fertilization age of the fetus (in weeks) Post fertilization age of the fetus (in week	Medical (Surgical) Menstrual Aspiration			(Surgica	al) Menstrual Aspir	ration			
Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No									
Yes No Yes No Yes Yes No Yes Yes No Yes No Yes Ye	For Medical (Surgical) procedures, answer the following questic	on.	For Medical (Surgica	l) procedures, answ	er the following question.			
Was the fetus given the best opportunity to survive? Yes No Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) How were the gestational age and post fertilization age determined? ULTRASOUND Pull name of physician performing termination (number and street, city, state, and zip code) Pull name of physician performing termination (number and street, city, state, and zip code) Pull name of physician performing termination (number and street, city, state, and zip code) Post fertilization age of the fetus (in weeks)		weeks?				ilization age at least 20 weeks?			
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 12/10/2015 Post fertilization age of the fetus (in weeks) 12/10/2015 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)	If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.			
that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 12/10/2015 Physician estimate of gestation (in weeks) 12/10/2015 Phow were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)						y to survive?			
woman? Date last normal menses began 12/10/2015 Physician estimate of gestation (in weeks) 12/10/2015 Post fertilization age of the fetus (in weeks) 9 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)									
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)		nt to the pregnant		d the pro	ocedure to avert dea	th or serious impairment to the pregnant			
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)									
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)									
ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)	_	Physician estimat		n weeks	Post fe	-			
Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)		ied?			I				
DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)	OLITAGOUND								
Address of physician performing termination (number and street, city, state, and zip code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	Address of physician performing termination (number and stree	t, city, state, and zip	o code)						
	200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225								
	**Date Reported to DCS if Patient under 14 (month day)	vear):							
	**Date Reported to DCS, if Patient under 14 (month, day,	year):				-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE Ci	ity or t	own, of pregna BLOOM	ncy termination	on	County of pregna	ncy termination ONROE
Patient's age**	3.4	الملا	Date of pregr	nancy terminat	tion	Educa	tion			
24	Mar	ried ☐ Yes ■ No		03/10/2016	1011	Educa	Hon	Ва	achelor's Degree	
Race American Indiana Native Hawaiian			Asian White	☐ Black or	Afric	an American	Unknown		city ispanic or Latino ot Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Number now	deceased	0	
Other Terminations	s:	Number of spontaneou	s terminations 0				Number of in	nduced ter	rminations 0	
Dates of terminations	s (Do	not include this termind				ost recent.)				
Fetus delivered alive	.?	If yes, length of tir		red:		4	5.		plication(s) of Pregnar	ncy Termination
Yes I		in yes, rengin or the	ne retus sur viv	rea.				None	☐ Uter	ine Perforation
								Hemorrh	_	vical Laceration
Fetus viable?	No	If viable, medical i	reason for term	nination:				Infection		tined Products
l les 🕒 l	NU								_	lined Floducts
Pathological examina	ation	If yes, results:						Other (S)	pecify)	
performed?		ii yes, iesuits.								
Yes •	No								ation of pregnancy res No	ult in a maternal death?
		1					· · · · · · · · · · · · · · · · · · ·			
				Type of 7	Termiı	nation Procedur	es			
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that T	'erminated	l Pregnancy	
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone										
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol										
Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify)										
■ Medical (Surgion Med		action Curettage Senstrual Aspiration					(Surgical) Su (Surgical) Me			
Medical (Surgic	al) O	ther (Specify)				☐ Medical	(Surgical) Ot	ner (<i>Specij</i>	fy)	
For Medical (Surgical	al) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgical) prod	edures, ar	nswer the following qu	estion.
Was the fetus viabl		ave a post fertilization a	age at least 20	weeks?			us viable or ha	ve a post i	fertilization age at leas	st 20 weeks?
		as answered yes, comple	ete the followi	ng questions		_	_	sanswered	d yes, complete the fol	lowing questions
		est opportunity to survi		ing questions.		_			unity to survive?	iowing questions.
] No	est opportunity to survi					Yes No	от орроги	anity to survive.	
		etermination that the pro-							on that the pregnant wo	
woman?	oceau	re to avert death or seri	ous impairmei	nt to the pregn	ant	woman?	a tne procedur	e to avert	death or serious impai	rment to the pregnant
Date last normal mer	nses b	egan		Physician es	stimate	e of gestation (i	n weeks)	Post	t fertilization age of th	e fetus (in weeks)
How were at		2/28/2015	n ngo 1-4 . '	2042		9			7	
ULTRASOUND	ionai a	age and post fertilization	n age determir	ied?						
L										
Full name of physici										
		rming termination (num	nber and stree	t, city, state, a	nd zip	code)				
	_	IDIANAPOLIS, IN 462								
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregn BLOO	ancy ter			County of pregnand MC	ey termination			
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation							
Patient's age** 24	Maı	ried ☐ Yes ■ No		03/10/2016		Educ	atiOII		Bach	elor's Degree				
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	Ur	nknown		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numl	ber now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numl	ber of ind	uced termin	nations				
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ 1	No								None	☐ Uterir	ne Perforation			
									Hemorrhag	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes 1	No.	If viable, medical	reason for term	nination:				Пп	nfection	□ Retair	ned Products			
	NO							_			ieu i roducts			
								(Other (Spec	eify)				
Pathological examination performed?	ation	If yes, results:												
☐ Yes ■	No									on of pregnancy resu	lt in a maternal death?			
								☐ Yes	s 🔳 No)				
				Туре	of Termin	nation Procedu	ires							
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										regnancy				
Medical (Nonsu		•							/lifepriston	•				
Medical (Nonsu	l) Misoprostol		Medica	l (Nonsu	irgical) N	/lisoprostol								
☐ Medical (Nonsu	ırgica	l) Other (Specify)			☐ Medica	l (Nonsu	ırgical) C	Other (Spec	ify)					
Medical (Surgic	al) S	uction Curettage				☐ Medica	l (Surgio	cal) Sucti	on Curetta	ge				
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	l (Surgio	cal) Mens	strual Aspir	ration				
☐ Medical (Surgio	ai) C	nner (Specify)				☐ Medica	(Surgic	cai) Otne	r (Specify)					
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgic	al) proced	lures, answ	er the following que	stion.			
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fe	tus viab	le or have	a post fert	ilization age at least	20 weeks?			
] No						Yes [•	C				
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus give	n the	best opportunity to surv	ive?			Was the fe	tus oive	n the hest	opportunit	y to survive?				
Yes [Yes [_	оррогии	y to survive.				
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was	the basis	s for deter	mination tl	hat the pregnant won	nan had a condition			
that required the pr woman?	ocedi	are to avert death or seri	ious impairmer	nt to the preg	gnant	that requir woman?	ed the pr	rocedure t	o avert dea	th or serious impairs	nent to the pregnant			
woman:						woman:								
Date last normal mer		•		Physician	estimate	e of gestation	in week	s)	Post fe	rtilization age of the	fetus (in weeks)			
01/28/2016 5 How were the gestational age and post fertilization age determined?										3				
ULTRASOUND	ional	use and post rerunzatio	ugo uciciiiiii											
Full name of physici	an ne	rforming termination												
DR. CAROL DELLI	_	-												
	-	orming termination (num		t, city, state,	, and zip	code)								
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregn BLOOI	ancy term			County of preg	nancy	
Dations 2			D-4 C		-4:.	1 51	-4:					
Patient's age** 21	Marrie	d ☐ Yes ■ No	Date of pregr	03/10/2016		Educa	ation			ollege, No Degr	ee	
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black o	or Africa	n American	☐ Unk	cnown		7 anic or Latino Hispanic or Latin	.0	Unknown
Live Births:	N	umber now living	0					er now d	eceased	0		
Other Termination	s: N	umber of spontaneou		;			Numbe	er of ind	uced termi			
Dates of termination			v			est recent.)				0		
Fetus delivered alive		If yes, length of ti			4	L		5	Complic	cation(s) of Pregr	nancy 7	Termination
Yes •		ii yes, iengui oi u	me retus surviv	veu.				■ 1		_	•	Perforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag			Laceration
Yes • 1	No							□ I	nfection	∐ R	etained	l Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result i	n a maternal death?
								☐ Yes	s I N	0		
				T	f Tower:	untion Dur 1	1*00					
				1 ype of	ı ıermin	ation Procedu						
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Ter	minated Pi	regnancy		
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol			
Medical (Nonsu									ther (Spec			
Medical (Surgio	cal) Suc	tion Curettage				☐ Medical	l (Surgica	ıl) Sucti	on Curetta	ge		
Medical (Surgio		nstrual Aspiration				■ Medica	l (Surgica	d) Mens	strual Aspi r (Specify)			
- Wedlear (Surgic	our, our	or (specify)					Guigica	ii) Guie	(Бресду)			
For Medical (Surgic	al) proce	dures answer the fo	llowing question	on.		For Medical	(Surgical	l) proced	hires ansu	ver the following	anestic	on
							_	_			_	
	le or nav ☐ No	e a post fertilization	age at least 20	weeks?			Yes		a post teri	tilization age at l	east 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previo	us questic	on was a	nswered ye	es, complete the	followi	ng questions.
	n the bes ☐ No	t opportunity to surv	vive?					the best	opportuni	ty to survive?		
	_	ermination that the p	regnant woman	n had a condi	tion	_		-	mination t	hat the pregnant	womar	n had a condition
		to avert death or ser										nt to the pregnant
woman:						woman!						
Data last normal	nege ka-			Dhyminian	actimat-	of gostation	in wash-	1	Doct f	rtilization acc -4	the fee	ne (in weeks)
Date last normal menses began Physician estimate of gestat 01/18/2016 8								,	Post Ie	rtilization age of	the fet	us (in weeks)
How were the gestat					1							
ULTRASOUND												
Full name of physics	an norfo	rming termination										
Full name of physici	NGER	_										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	•			County of pregnar	ocy termination ONROE
Patient's age**			Date of pregn	anov toma	nation	Educa	tion				1
23	Maı	ried ☐ Yes ■ No		03/10/2016		Educa	шоп	ı	High Scho	ol Diploma or GEI)
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		known	■ Not F	anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)					
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination
☐ Fes ■ I	NO							• 1	None	☐ Uteri	ne Perforation
								□ I	Hemorrhago	e 🔲 Cervi	ical Laceration
Fetus viable? Yes I	Vo	If viable, medical	reason for term	ination:				Пі	nfection	☐ Retai	ned Products
	.10									_	ned Froducts
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did thi	s termination	on of pregnancy resu	alt in a maternal death?
								☐ Ye	s 🔳 No	0	
				Туре	of Termi	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancv	
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol		
		Other (Specify)							Other (Speci		
Madical (Surgic	vo1) S	uction Curettage				☐ Madical	(Surgio	ol) Suoti	on Curettag	gg.	
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ge ration	
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
	_						_	_			
	e or i	have a post fertilization	age at least 20	weeks?			us viabi Yes [_	a post tert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	lete the following	na auestion	c	If the previou	is anesti	ion was a	newered ve	es, complete the foll	owing questions
				ng question	s.		_		-	-	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes [_	opportunit	ty to survive?	
	_				•.•	_		_		L v d	1 1 10.
		etermination that the parties to avert death or serious									man had a condition ment to the pregnant
woman?			•			woman?				•	
Date last normal men	nsec l	eoan		Physician	estimat	e of gestation (in wool	(2)	Post for	rtilization age of the	fetus (in weeks)
Date last normal men		01/02/2016		1 ilysician	. comiat	11	WEEK	• /	1 031 101	9	· 10ths (in weeks)
How were the gestat	age and post fertilization	ied?				1					
ULTRASOUND											
							_				_
Full name of physici	an pe	rforming termination									
DR. CAROL DELLI			, .			7 .					
	-	orming termination (number of the NDIANAPOLIS, IN 46		t, city, state,	, and zip	code)					
200 G. WILKIDIAN S	۱۱ , ۱۱	TOLIO, IN 40									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ac PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE (City or t	own, of pregna BLOOM	•			County of pregnar	CV termination
Patient's age** 27	Mar	ried No	Date of pregn	nancy termina 03/11/2016		Educa	tion		Bach	elor's Degree	
Race American Indiana Native Hawaiian	or Ot	her Pacific Islander [Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Terminations	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations	(Do	not include this termina	,	than six (6), t	those mo	ost recent.)					
I		2		1		4	1	5	Complic	ation(s) of Pregnance	ev Termination
Fetus delivered alive? Yes N		If yes, length of tin	ne retus surviv	/ea:				■ 1	None	_	ne Perforation
								_			
Fetus viable?		If viable, medical r	eason for term	nination:				∐ F	Hemorrhage	e ∐ Cervi	cal Laceration
☐ Yes ■ N	lo								nfection	Retai	ned Products
									Other (Spec	ify)	
Pathological examina performed?	tion	If yes, results:									
Yes I N	Ю							Did this	s termination	on of pregnancy resu	alt in a maternal death?
								☐ Yes	s 🔳 No)	
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
Medical (Nonsur									//////////////////////////////////////		
Medical (NonsurMedical (Nonsur									Aisoprostol Other (Speci		
_ `	C	, (1 33)				_		,	` 1	,	
	1) 0						·G :	1) 0			
	al) M	Ienstrual Aspiration				Medical	(Surgica	al) Mens	on Curettag strual Aspir		
Medical (Surgica	al) O	ther (Specify)				☐ Medical	(Surgica	al) Other	r (Specify)		
For Medical (Surgical	l) pro	ocedures, answer the fol	lowing questic	on.		For Medical (Surgica	l) proced	lures, answ	er the following que	estion.
		ave a post fertilization a	age at least 20	weeks?					a post fert	ilization age at least	20 weeks?
☐ Yes ☐] No	1					Yes	No			
If the previous question	on wa	as answered yes, comple	ete the following	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the foll	owing questions.
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us given Yes [opportunit	y to survive?	
				1 1 12	.·	_	_	_			1 1 12
		etermination that the pro tre to avert death or serion									man had a condition ment to the pregnant
woman?						woman?					
Date last normal men		-		Physician	estimate	e of gestation (i	n weeks)	Post fer	rtilization age of the	fetus (in weeks)
How were the gestation		1/10/2015 age and post fertilization	n age determin	l ned?		9				7	
ULTRASOUND		1	<i>J</i>								
Full name of physicia	_	-									
DR. CAROL DELLIN		Porming termination (num	nher and street	t city state	and zin	code)					
= -	_	IDIANAPOLIS, IN 462		., c.i.y, sime, i	ана цр	couc _j					
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Addre PLANNED PARENTHOOD (F AVENUE, BLOOMINGTON, I	PPCSI) (MONROE CO.) - 421 SOUTH COLL	EGE City or	town, of pregna BLOOM	ncy termination		County of pregnanc MOI	y termination NROE
Patient's age** Ma		nancy termination 03/11/2016	Educat			l Diploma or GED	
Race American Indiana or Native Hawaiian or C	Other Pacific Islander White	■ Black or Afri □ Other	can American	Unknown	Not Hi	ic or Latino spanic or Latino	☐ Unknown
Live Births:	Number now living 2			Number now d	eceased	0	
Other Terminations:	Number of spontaneous terminations 0			Number of ind	uced termina	ntions 0	
Dates of terminations (De	o not include this termination. If more t						
I	2 3		4	5	Complica	tion(s) of Pregnancy	Termination
Fetus delivered alive? Yes No	If yes, length of time fetus surviv	/ea:			None	_	e Perforation
Fetus viable?	If viable, medical reason for term	nination:			Hemorrhage	☐ Cervic	al Laceration
☐ Yes ■ No					infection	Retain	ed Products
					Other (Specif	(y)	
Pathological examination performed?	If yes, results:						
Yes No						of pregnancy resul	t in a maternal death?
				☐ Ye	s • No		
		Type of Term	nination Procedur	res			
Procedure that Terminate	ed Pregnancy		Additional Pr	ocedure that Ter	minated Pre	gnancy	
Medical (Nonsurgic				(Nonsurgical) N			
☐ Medical (Nonsurgical Medical Medic				(Nonsurgical) M (Nonsurgical) (y)	
Modical (Surgical)	Suction Curattogo		☐ Modical	(Surgical) Suct	on Curattage		
	Menstrual Aspiration		☐ Medical	(Surgical) Sucti (Surgical) Men	strual Aspira		
Medical (Surgical)	Other (Specify)		☐ Medical	(Surgical) Othe	r (Specify)		
For Medical (Surgical) p	rocedures, answer the following question	on.	For Medical (Surgical) proced	lures, answe	r the following ques	tion.
	have a post fertilization age at least 20	weeks?			a post fertil	ization age at least 2	20 weeks?
Yes N	No			Yes □ No			
If the previous question v	was answered yes, complete the followi	ng questions.	If the previou	s question was a	nswered yes	, complete the follo	wing questions.
Was the fetus given the ☐ Yes ☐ N	best opportunity to survive?			is given the best	opportunity	to survive?	
		1	_	_		. 4 41 4	1 1 1:4:
that required the proceed	determination that the pregnant woman lure to avert death or serious impairmen		that required			nt the pregnant wom n or serious impairm	
woman?			woman?				
Date last normal menses	began 12/20/2015	Physician estima	ate of gestation (in	n weeks)	Post fert	ilization age of the f	etus (in weeks)
	12/20/2015 I age and post fertilization age determine	l ned?	12			10	
ULTRASOUND							
Full name of physician p							
DR. CAROL DELLINGE	ER forming termination (number and stree	t city state and a	in code)				
1 1	INDIANAPOLIS, IN 46225	.,, suuc, unu 4	p couc)				
**Date Reported to D	CS, if Patient under 14 (month, day,	year):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE	City or t	town, of pregn BLOO	ancy ter			County of pregna	ncy termination ONROE				
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation								
34	Maı	ried Yes No		03/17/2016		Educ	VII		Bach	nelor's Degree					
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	☐ Not I	anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	1				Numb	er now d	eceased	0					
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations 0					
Dates of termination	s (Do	not include this termina	0 ation. If more t	than six (6),	those me	ost recent.)				0					
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination				
☐ Yes ■ I	No							■ 1	None	☐ Uter	ine Perforation				
									Hemorrhag	e 🔲 Cerv	vical Laceration				
Fetus viable?	No.	If viable, medical	reason for term	nination:					nfection	— □ Pote	ined Products				
☐ Yes ■ I	NO										lined Products				
									Other (Spec	cify)					
Pathological examin performed?	ation	If yes, results:													
Yes •	No							Did thi	s terminatio	on of pregnancy res	ult in a maternal death?				
								☐ Ye		on or programmy res	an in a maternar death.				
				Type o	of Termin	ermination Procedures									
Procedure that Terminated Pregnancy Additional Pr									minated De	regnancy					
		•								•					
Medical (Nonsu					Aifepriston										
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)															
Madical (Symple	(1) C	votion Cumattaga				☐ Madian	I (Cumaia	ol) Cuati	on Curetta						
		uction Curettage Ienstrual Aspiration				☐ Medica	l (Surgic	al) Mens	strual Aspir	ge ration					
☐ Medical (Surgio	al) (Other (Specify)				☐ Medica	l (Surgio	al) Othe	r (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.				
	_														
	le or i	have a post fertilization	age at least 20	weeks?			tus viabl Yes [a post tert	tilization age at leas	t 20 weeks?				
If the previous quest	ion w	as answered yes, compl	lete the followi	na auestion	c	If the previo	ne anest	ion was a	newered ve	es, complete the fol	lowing questions				
				ing question	s.		_			-	lowing questions.				
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				tus giveı Yes [opportunit	ty to survive?					
	_			1 1	•.•	_	_			1 1	1 1 100				
		etermination that the prior to avert death or seri									oman had a condition rment to the pregnant				
woman?			•			woman?	•			<u>.</u>					
Date last normal men	nses h	egan		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of th	e fetus (in weeks)				
	(01/19/2016				8				6					
_	ional	age and post fertilization	n age determin	ned?											
ULTRASOUND															
	_	rforming termination													
DR. CAROL DELLI		R orming termination (num	mhar and atus	t city state	and si-	code)									
	-	NDIANAPOLIS, IN 46		ı, cııy, state,	, ана хір	coue)									
		· · · · · · · · · · · · · · · · · · ·													
della C		10 ·CD	4.												
^*Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pre		y termination
Patient's age** 22	Mar	ried No	Date of pregn	nancy termina		Educa	tion	ŀ	High Scho	ol Diploma or	GED	
Race American Indiana Native Hawaiian		laska Native [Asian White			an American	☐ Un	known	Ethnicity Hispa	<u> </u>		Unknown
Live Births:		Number now living	1				Numb	er now d	eceased	0		
Other Terminations	s:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 1		
Dates of terminations	s (Do	not include this termina		than six (6), t	hose mo	ost recent.)		5		6.		
Fetus delivered alive		If yes, length of tin		ved:					Complic	cation(s) of Preg	nancy	Termination
☐ Yes ■ N	No.							■ N	None	□ t	Jterine	Perforation
T		70 : 11 1: 1	· ·					□ I	Hemorrhag	e 🔲 (Cervica	al Laceration
Fetus viable? Yes N	Vo	If viable, medical r	eason for term	iination:				☐ I	nfection	□ F	Retaine	ed Products
								П	Other (Spec	rify)		
Pathological examina	ation	If yes, results:]	outer (Spee	-957		
performed?		,,										
☐ Yes ■ 1	No							Did this			result	in a maternal death?
				Type of	f Termiı	nation Procedu	es					
Procedure that Termi	inated	Pregnancy				Additional Pr	ocedure	e that Ten	minated Pr	egnancy		
☐ Medical (Nonsu		•							lifepriston			
☐ Medical (Nonsu	rgical) Misoprostol					(Nonsu	rgical) M	1isoprostol			
Medical (Nonsu	rgica) Other (Specify)				Medical	(Nonsu	rgical) C	Other (Spec	ify)		
Medical (Surgic		uction Curettage Ienstrual Aspiration							on Curettag			
Medical (Surgic									r (Specify)	iution		
For Medical (Surgica	ıl) pro	ocedures, answer the following	lowing questic	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following	g quest	ion.
Was the fetus viabl	e or h	ave a post fertilization a	nge at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at 1	least 2	0 weeks?
☐ Yes ■	■ No					_ ·	Yes [No	-			
If the previous questi	on w	as answered yes, comple	ete the following	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the	follov	ving questions.
Was the fetus giver ☐ Yes ☐		pest opportunity to survi	ve?				us giver Yes [opportunit	y to survive?		
		etermination that the pro-										nn had a condition
that required the pro- woman?	ocedu	re to avert death or seri-	ous impairmer	nt to the preg	nant	that require woman?	d the pr	ocedure t	o avert dea	th or serious im	ipairm	ent to the pregnant
Date last normal mer	ises h	egan		Physician	estimate	e of gestation (i	n weeks	s)	Post fe	rtilization age o	f the fe	etus (in weeks)
	C	1/23/2016				9		,	1 232 10		7	. (
_	onal	age and post fertilization	n age determin	ned?								
ULTRASOUND												
Full name of physicia	_	-										
DR. CAROL DELLI			ahar and store	t aitu atata	and sic	coda)						
= :	_	orming termination (num IDIANAPOLIS, IN 462		ı, cıty, state,	ana zip	coae)						
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Addi PLANNED PARENTHOOD AVENUE, BLOOMINGTON,	(PPCS		1 SOUTH COLL	EGE (City or t	own, of pregna	•			County of pregna	ncy termination ONROE
Patient's age** M	1arried	l] Yes ■ No	Date of pregn	nancy termina 03/17/2016		Educa	tion		Some Co	llege, No Degree	
Race American Indiana or Native Hawaiian or	Other	Pacific Islander	☐ Asian ■ White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino lispanic or Latino	☐ Unknown
Live Births:	Nu	mber now living	0					er now d		0	
Other Terminations:	Nu	mber of spontaneous	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations (I	Do not		v	than six (6), t	hose mo	ost recent.)					
Fetus delivered alive?	2.	If yes, length of tin		rad.		4		5	Complic	ation(s) of Pregnan	cy Termination
Yes No		ii yes, iengui oi un	ie ietus surviv	red:				■ N	None	_	ine Perforation
										_	
Fetus viable?		If viable, medical r	eason for term	nination:				∐ ŀ	Hemorrhage	e ∐ Cerv	ical Laceration
☐ Yes ■ No								☐ I	nfection	☐ Reta	ined Products
									Other (Spec	ify)	
Pathological examination performed?	on	If yes, results:									
Yes No								Did this	terminatio	n of pregnancy res	ult in a maternal death?
								☐ Yes	s ■ No)	
											1
				Type of	f Termii	nation Procedu	res				
Procedure that Termina	ted Pr	egnancy				Additional Pr	ocedure	e that Ter	minated Pro	egnancy	
☐ Medical (Nonsurgi									lifepristone	;	
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi									Iisoprostol ther (<i>Speci</i>	fv)	
		(=F = 35)						8 , .	· · · (,,,,	
							· ·	1) 6 .			
Medical (Surgical)Medical (Surgical)						Medical	(Surgic	al) Mens	on Curettag strual Aspir		
☐ Medical (Surgical)	Othe	r (Specify)				☐ Medical	(Surgic	al) Other	(Specify)		
For Medical (Surgical)	proced	lures, answer the following	owing question	on.		For Medical	Surgica	ıl) proced	ures, answ	er the following qu	estion.
Was the fetus viable o		a post fertilization a	ige at least 20	weeks?		Was the fet	us viabl	e or have	a post ferti	lization age at leas	t 20 weeks?
☐ Yes ■	No						Yes [No			
If the previous question	was a	nswered yes, comple	ete the followi	ng questions.		If the previou	s questi	ion was a	nswered ye	s, complete the fol	owing questions.
Was the fetus given th ☐ Yes ☐ ☐		opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
What was the basis for	r dete	mination that the pro	egnant woman	ı had a condit	tion	What was the	ne basis	for deter	mination th	at the pregnant wo	man had a condition
that required the proce woman?											ment to the pregnant
woman:						woman:					
Date last normal menses	_	n 9/2016		Physician	estimate	e of gestation (i	n weeks	5)	Post fer	tilization age of the	e fetus (in weeks)
How were the gestation			n age determin	ned?		`					
ULTRASOUND											
Full name of physician DR. CAROL DELLING	-	ming termination									
Address of physician pe		ing termination (nun	ber and stree	t, city, state.	and zip	code)					
200 S. MERIDIAN ST,		-			- x	· 					
**Date Reported to I	DCS,	if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH - VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						BLOOMINGTON MONROE							
Patient's age**			Date of mac-	anov to-	nation	Educa	tion						
15	Maı	ried □ Yes ■ No		03/17/2016		Educa	ition	1	High Scho	ol Diploma or GED)		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black	or Afric	an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination		
⊥ res • 1	NO							1	None	☐ Uterii	ne Perforation		
								I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	Vo	If viable, medical	reason for term	iination:				Пі	nfection	☐ Retair	ned Products		
	.10									_	ica i roducis		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did thi	s terminatio	on of pregnancy resu	It in a maternal death?		
								☐ Ye)			
											1		
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
										•			
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
Madical (Symple	(1) C	votion Cumattaga				— Madiaal	(Cumaia	al) Cuati	on Cumatta				
☐ Medical (Surgio	al) N	uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	al) Sucu	on Curettag strual Aspir	ge ration			
☐ Medical (Surgion	al) C	Other (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	 stion.		
		nave a post fertilization					_	_		ilization age at least			
			age at least 20	weeks:			Yes [_	a post tert	mzanon age at least	20 weeks:		
If the previous quest	ion w	as answered yes, compl	lete the following	ng auestions	S.	If the previou	is quest	ion was a	nswered ve	es, complete the follo	owing questions.		
				ng question		•	•		•	·	oming questions:		
Was the fetus giver ☐ Yes ☐		best opportunity to surv	ive?				us givei Yes [_	opportunit	y to survive?			
What was the basis	ford	atarmination that the n	ognant woman	had a gond	ition	What was t	ha hasis	for data	mination th	hat the prognant won	en had a condition		
		etermination that the part of avert death or serior								hat the pregnant won th or serious impair			
woman?						woman?							
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in week:	5)	Post fer	rtilization age of the	fetus (in weeks)		
12/14/2015 13 11									·				
How were the gestational age and post fertilization age determined?													
ULTRASOUND													
	-	rforming termination											
DR. CAROL DELLI			mbor and ature	t oits cent:	and -in	coda)							
	-	orming termination (number of the NDIANAPOLIS, IN 46		ı, cııy, state,	, ина zīp	coae)							
	,		-										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	EGE	City or town	n, of pregna BLOOM	•		County of pregnancy termination MONROE					
Patient's age**			Date of pregn	anov to-	antion	Educa	tion				
24	Marr	ied Yes No	1 0	03/17/2016		Educa	tion		ool Diploma or GED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other	or African A	American		known Not	y anic or Latino Hispanic or Latino		
Live Births:		Number now living	0				Numb	per now deceased	0		
Other Termination	s:	Number of spontaneo					Numb	per of induced termi	nations 1		
Dates of termination 1. 09/04/2012	s (Do i	not include this termi	nation. If more th	han six (6),	those most r	recent.)		5	6		
Fetus delivered alive		If yes, length of t	ime fetus surviv	red:				Compli	cation(s) of Pregnancy Termination		
☐ Yes ■ 1	No							None	☐ Uterine Perforation		
Fetus viable?		If viable, medica	l reason for term	nination:				☐ Hemorrhag	ge Cervical Laceration		
☐ Yes ■	No							☐ Infection	☐ Retained Products		
								Other (Spe	cify)		
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No							Did this terminati	on of pregnancy result in a maternal death?		
		1									
				Туре	of Terminatio	on Procedu	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsu							rgical) Mifepristor				
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Medical (Nonsurgical) Medical (Nonsurgical)											
Medical (Surgio					-			al) Suction Curetta			
Medical (Surgio		enstrual Aspiration ther (Specify)						(al) Menstrual Aspi (al) Other (Specify)			
For Medical (Surgic	al) pro	cedures, answer the f	ollowing questio	on.	Fo	or Medical (Surgica	al) procedures, ansv	ver the following question.		
	le or ha	ave a post fertilization	age at least 20	weeks?	\	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No					
If the previous quest	ion wa	s answered yes, com	olete the following	ng question	s. If	the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus gives Yes		est opportunity to sur	vive?		\		us giver Yes [n the best opportuni No	ty to survive?		
		etermination that the J							hat the pregnant woman had a condition		
woman?	rocedu	re to avert death or se	rious impairmen	it to the preg	-	hat required woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant		
Date last normal me		egan 1/20/2016		Physician	estimate of	gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks) 5		
How were the gestational age and post fertilization age determined?								<u> </u>	-		
ULTRASOUND											
Full name of physici	ian per	forming termination									
DR. CAROL DELLI	NGEF	?	unde an I .	4	au d =:= 1	(a)					
200 S. MERIDIAN	_	rming termination (na DIANAPOLIS, IN 4		ı, cıty, state,	, ana zıp cod	e)					
**Data P		S if Dationt - 1	A (m d . 1								
T↑Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):										

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age**	Mai	ried	Date of pregn	nancy termina 03/17/2016		Educa	tion	ŀ	High Scho	ol Diploma or G	ED	
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	☐ Not H	unic or Latino Hispanic or Latino] Unknown
Live Births:		Number now living	0					er now d		0		
Other Terminations	s:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 1		
Dates of terminations 1 09/12/2015	s (Do	not include this termino	v	than six (6), t	those mo	ost recent.)						
Fetus delivered alive	?	If yes, length of tir	ne fetus surviv	/ed:		4		5	Complic	ation(s) of Pregna	ıncy Term	nination
☐ Yes ■ N		, , , , , ,						■ N	None	☐ Uto	erine Perfo	oration
								П	Hemorrhage	е П Се	rvical Lac	eration
Fetus viable? ☐ Yes ■ N	No.	If viable, medical i	eason for term	nination:					nfection	_	tained Pro	
	10									_	anicu i ro	ducts
Pathological examina	otion	If yes, results:							Other (Spec	rtfy)		
performed?		ii yes, iesuits.										
☐ Yes ■ I	No							Did this ☐ Yes		on of pregnancy re	esult in a r	naternal death?
							I			<u>- </u>		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsu☐ Medical (No	rgica	l) Misoprostol					(Nonsu	rgical) M	Iifepriston Iisoprostol			
☐ Medical (Nonsu	rgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	ther (Speci	ify)		
Medical (Surgic									on Curetta			
☐ Medical (Surgic		Menstrual Aspiration Other (Specify)							strual Aspir (Specify)	ation		
For Medical (Surgica	al) pro	ocedures, answer the fol	lowing questic	on.		For Medical (Surgica	ıl) proced	ures answ	er the following o	mestion	
-	_	have a post fertilization a						_				dra O
Yes [ige at least 20	weeks?			res [a post tert	ilization age at lea	ist 20 wee	eks?
If the previous questi	ion w	as answered yes, comple	ete the followi	ng questions		If the previou	s questi	on was a	nswered ye	es, complete the fo	ollowing q	uestions.
Was the fetus giver	the	best opportunity to survi	ve?			Was the fet	us given	the best	opportunit	y to survive?		
☐ Yes ☐	No)					Yes [No				
		etermination that the property to avert death or seri								nat the pregnant with or serious impa		
woman?	ocedi	ire to avert death of seri	ous impairmer	nt to the preg	,iiaiit	woman?	a the pro	ocedure t	o avert dea	un or serious impa	urment to	the pregnant
Date last normal mer	ises b	egan		Physician	estimate	e of gestation (i	n weeks	<i>s)</i>	Post fe	rtilization age of t	he fetus (in weeks)
***	01/15/2016 6 4											
How were the gestati ULTRASOUND	How were the gestational age and post fertilization age determined? ILTRASOUND											
Full name of physicia	_	-										
DR. CAROL DELLII		R orming termination (num	nher and street	t city state	and zin	code)						
= -	-	NDIANAPOLIS, IN 462		i, ciiy, siiie,	ана Др	couc _j						
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy terr						own, of pregna BLOOM	•			County of pregnand MC	ey termination		
Patient's age**	3.7		Date of prece	ancy termin	nation	Educa	tion						
18	Mai	ried ■ Yes □ No		03/17/2016		Educa			Some Co	ollege, No Degree			
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		known	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	ation(s) of Pregnanc	y Termination		
☐ Yes ■ 1	No							• 1	None	☐ Uterin	ne Perforation		
								П	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable?	No.	If viable, medical	reason for term	nination:					nfection	— □ Potoi:	ned Products		
☐ Yes ■ 1	NO										led Products		
									Other (Spec	ify)			
Pathological examination performed?	ation	If yes, results:											
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?		
								☐ Yes)			
Type of Termination Procedures													
Procedure that Term	inota	1 Pregnancy				Additional P		a that Ta	minated D-	eananev			
Procedure that Term	matec	1 Pregnancy								•			
Medical (NonsuMedical (Nonsu									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
	1) 0						(0 1	1) 0					
		uction Curettage Menstrual Aspiration				Medical Medical	(Surgic	al) Sucti al) Mens	on Curettag strual Aspir	ge ration			
Medical (Surgio									r (Specify)				
For Medical (Surgical	al) nr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	hires answ	er the following que	 stion		
_	_												
	le or l	nave a post fertilization	age at least 20	weeks?			us viabl Yes 🏻 🗀	_	a post fert	ilization age at least	20 weeks?		
			-4- 41 6 -11:		_	_	_	_		1-4- 4h- f-11-			
If the previous quest	ion w	as answered yes, compl	ete the follows	ng questions	S.	If the previou	is questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus giver ☐ Yes ☐		best opportunity to surv	ive?					_	opportunit	y to survive?			
	_					_	Yes _	_					
		letermination that the praire to avert death or seri								nat the pregnant won th or serious impairs			
woman?	Jeur		impairinei	to the pres	D	woman?	and pr	Jesaure l	aron uca	or serious impairi	to the pregnant		
Data leat normal :	2005 1	angan .		Dhami - : -	ontin	of gostoti (in1	~ l	Doct f	etilization and -f.4	fatus (in accades)		
Date last normal mei	Date last normal menses began O1/25/2016 Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 4												
How were the gestational age and post fertilization age determined?										•			
ULTRASOUND													
Full name of physici	an pe	rforming termination											
DR. CAROL DELLI	NGE	R											
	-	orming termination (num		t, city, state,	, and zip	code)	_						
ZUU S. MEKIDIAN S	۱, ا ا	NDIANAPOLIS, IN 46	2 25										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON		1 SOUTH COLL	EGE C	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
	// Aarrie		Date of pregn		tion	Educa	tion				
29 Race		Yes No	ı	03/17/2016				Ethnicit			
☐ American Indiana o ☐ Native Hawaiian or		•	☐ Asian ☐ White	■ Black or □ Other	r Afric	an American	Unknown		nanic or Latino Hispanic or Latino Unknown		
Live Births:		umber now living	2				Number now		0		
Other Terminations:		umber of spontaneou	0				Number of ir	nduced termi	inations 1		
Dates of terminations (1) 01/24/2014	Do no	t include this termina	tion. If more t	than six (6), th	iose m	ost recent.)	5		6		
Fetus delivered alive?		If yes, length of tin		ved:				Compli	cation(s) of Pregnancy Termination		
Yes No							•	None	☐ Uterine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				Hemorrhag	ge Cervical Laceration		
Yes No		ii viuole, medicui i	cuson for term	mucion.				Infection	☐ Retained Products		
								Other (Spe	cify)		
Pathological examination performed?	on	If yes, results:									
Yes No)								on of pregnancy result in a maternal death?		
								res 🔳 N	0		
	Type of Termination Procedures										
Procedure that Terminated Pregnancy Type of Termination Procedures Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgi	☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
		omer (speedy)					(i vonsuigioni)	omer (spec	-977		
Medical (Surgical)) Suct	tion Curettage				Medical	(Surgical) Suc	ction Curetta	nge		
Medical (Surgical) Medical (Surgical) Medical (Surgical)) Mer	strual Aspiration					(Surgical) Me (Surgical) Oth	nstrual Aspi	iration		
incurear (Surgicar)	, oui	or (speedy)				Iviculcui	(Surgicur) Ou	ici (specify)			
For Medical (Surgical)	proce	dures, answer the fol	lowing questic	on.		For Medical ((Surgical) proc	edures, ansv	ver the following question.		
Was the fetus viable of	1	,	<i>U</i> 1						tilization age at least 20 weeks?		
☐ Yes ■		r	.6				Yes No				
If the previous question	n was	answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	res, complete the following questions.		
Was the fetus given th ☐ Yes ☐		t opportunity to survi	ve?				us given the be Yes No	est opportuni	ity to survive?		
What was the basis fo									that the pregnant woman had a condition		
that required the processions woman?	edure	to avert death or serie	ous impairmer	nt to the pregn	ant	that require woman?	d the procedure	e to avert de	ath or serious impairment to the pregnant		
Date last normal mense	_			Physician e	stimate	e of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks)		
How were the gestation	01/20/2016 7 5 How were the gestational age and post fertilization age determined?										
ULTRASOUND	ILTRASOUND										
Full name of physician DR. CAROL DELLING		rming termination									
Address of physician po		-		t, city, state, a	ınd zip	code)					
	,		-								
**Date Reported to I	*Date Reported to DCS, if Patient under 14 (month, day, year):										

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna				County of pregna	ncy termination ONROE
Patient's age** 27	Mar	ried	Date of pregn	nancy termina 03/17/2016		Educa	tion		9th-12	th, No Diploma	
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0					er now d		0	
Other Terminations	s:	Number of spontaneou	s terminations 1	;			Numb	er of ind	uced termin	nations 1	
Dates of terminations UNKNOWN	s (Do	not include this termina _{2.} UNKNOWN	tion. If more t	than six (6), t	those mo	ost recent.)					
Fetus delivered alive	?	If yes, length of tim		ved:		4		3	Complic	cation(s) of Pregnan	cy Termination
☐ Yes ■ N	No							■ N	None	☐ Uter	ine Perforation
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration
Fetus viable? Yes N	Vо	If viable, medical r	eason for term	nination:				☐ I	nfection	☐ Reta	ined Products
								— П (Other (Spec	eify)	
Pathological examina	ation	If yes, results:							outer (Spee	-957	
performed?	No							Didthi	tomainatio	on of management and	ult in a matamal dooth?
	NO							Yes			ult in a maternal death?
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone											
Medical (Nonsur) Misoprostol) Other (Specify)							lisoprostol other (Spec		
	Ü	, , , ,						,			
Medical (Surgical)	2 (Ie	uction Curettage				☐ Medical	(Surgice	al) Sucti	on Curetta	ne .	
	al) N	Ienstrual Aspiration				☐ Medical	(Surgical	al) Mens	strual Aspii		
☐ Medical (Surgical	ai) C	ther (<i>Specify</i>)				Medicai	(Surgica	ai) Otnei	r (Specify)		
For Medical (Surgica	ıl) pro	ocedures, answer the following	lowing questic	on.		For Medical	Surgica	d) proced	lures, answ	er the following qu	estion.
Was the fetus viable ☐ Yes ■		ave a post fertilization a	age at least 20	weeks?			us viable Yes		a post fert	ilization age at leas	t 20 weeks?
		as answered yes, comple	ete the followi	ng questions		If the previou	s anesti	on was a	nswered ve	es, complete the fol	lowing questions
•		pest opportunity to survi		mg questions		•	•		•	y to survive?	owing questions.
Yes Yes			ive:				Yes [оррогини	y to survive:	
		etermination that the pro-									man had a condition
that required the pro- woman?	ocedu	re to avert death or seri-	ous impairmer	nt to the preg	nant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impai	rment to the pregnant
Date last normal men	ises b	egan		Physician	estimate	e of gestation (n weeks	:)	Post fe	rtilization age of th	e fetus (in weeks)
01/20/2016 7 5 How were the gestational age and post fertilization age determined?											
ULTRASOUND	onai	age and post fertilization	n age determin	iea?							
Full name of physicia	_	-									
DR. CAROL DELLIN		Rorming termination (num	nher and stree	et, city state	and zin	code)					
= -	-	IDIANAPOLIS, IN 462		., сыу, ыше,	ана цр	couc)					
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	City or t	own, of pregna BLOOM	ncy termination	ı	County of pregnan	cy termination DNROE		
Datient's age**		1	Date of man	nanov tomic -	tion	Educat	tion					
Patient's age** 22	Marı	ied ☐ Yes ■ No		03/17/2016	uion	Educat	uon		College, No Degree			
Race American Indian Native Hawaiian		· ·	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknown	☐ Not	ry panic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	1				Number now		0			
Other Termination	ıs:	Number of spontaneou	s terminations 0	}			Number of in	duced term				
Dates of termination 1. 06/19/2014	is (Do	not include this termino	ution. If more t			ost recent.)	5.		6.			
Fetus delivered alive		If yes, length of tir							ication(s) of Pregnanc	y Termination		
☐ Yes ■	No						■	None	☐ Uterii	ne Perforation		
F		TC : 11 1: 1	· ·	• .•				Hemorrha	ge 🔲 Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Infection	☐ Retai	ned Products		
							Ιп	Other (Spe	ecify)			
Pathological examin	ation	If yes, results:						` 1	327			
performed?							D:44	is terminet	ion of pregnancy room	lt in a maternal death?		
	-10							es 🔳 N		nt in a maternar death?		
Type of Termination Procedures												
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that To	erminated F	Pregnancy			
■ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol ■ Medical (Nonsurgical) Misoprostol												
) Misoprostol) Other (<i>Specify</i>)					(Nonsurgical) (Nonsurgical)					
		iction Curettage					(Surgical) Suc					
	cal) M	enstrual Aspiration				Medical	(Surgical) Me (Surgical) Oth	nstrual Asp	iration			
	, ,	(X - 927										
For Medical (Surgic	al) pro	cedures, answer the fol	lowing questic	on.		For Medical ((Surgical) proc	edures, ansv	wer the following que	stion.		
Was the fetus viab	le or h	ave a post fertilization	0 1			Was the fetu	us viable or hav		rtilization age at least			
☐ Yes [☐ No	•				_ Y	Yes No		-			
		s answered yes, compl		ng questions.		_		-	ves, complete the follo	owing questions.		
	n the b	est opportunity to surv	ive?				us given the be Yes No	st opportun	ity to survive?			
		etermination that the pr							that the pregnant wor			
that required the property woman?	rocedu	re to avert death or seri	ous impairmei	nt to the pregn	nant	that required woman?	d the procedure	to avert de	eath or serious impair	ment to the pregnant		
Date last normal me		•		Physician e	estimate	e of gestation (i	n weeks)	Post f	ertilization age of the	fetus (in weeks)		
How were the gestat	01/22/2016 6 4 How were the gestational age and post fertilization age determined?											
ULTRASOUND	aonai č	150 and post fortifizatio	n ago doteriilli	iou.								
Full name of physici												
Address of physician	n perfo	rming termination (nur		et, city, state, a	and zip	code)						
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225									
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						own, of pregna BLOOM	•			County of pregnan	cy termination DNROE		
Patient's acce**		. ,	Data of man	ancy tormi	nation	Educa	ntion						
26	Mar	ried ☐ Yes ■ No		03/17/2016		Educa	шоп		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		ılaska Native	Asian White		or Africa	an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d		0			
Other Termination	s.	Number of spontaneou					Numb	per of ind	uced termin	nations			
		not include this termina	v	than six (6),		ost recent.)		5		0 6			
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No							1	None	☐ Uterii	ne Perforation		
								— 	Hemorrhage		cal Laceration		
Fetus viable?		If viable, medical	reason for term	nination:					Ü				
☐ Yes ■ I	No							I	nfection	Retain	ned Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed?	Nο							Did thi	s terminatio	on of pregnancy resu	lt in a maternal death?		
	110							Yes			nt in a maternal death?		
				Type o	of Termi	nation Procedu	res						
Type of Termination Procedures													
Procedure that Term	ınateo	1 Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
Medical (Nonsu									Aifepriston				
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Other (<i>Specify</i>)							Aisoprostol Other (Speci				
		uction Curettage Ienstrual Aspiration							on Curettag strual Aspir				
Medical (Surgio									r (Specify)				
For Medical (Surgice	al) pro	ocedures, answer the fol	llowing questio			For Medical	(Surgice	al) proced	lures answ	er the following que	estion		
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	le or h ■ No	nave a post fertilization	age at least 20	weeks?			us viabl Yes - [_	a post fert	ilization age at least	20 weeks?		
	_		-4- 41 C-11:			_	_	_		1-4-4b- 6-11-			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	S.	If the previou	is quest	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [opportunit	y to survive?			
	_					_	_						
		etermination that the prior to avert death or seri								hat the pregnant wor th or serious impair	nan had a condition ment to the pregnant		
woman?			1	1		woman?					1 0		
Date last normal mea	ises h	egan		Physician	estimate	e of gestation (in week	5)	Post far	rtilization age of the	fetus (in weeks)		
Date last normal menses began Physician estimate of gestation (in weeks) Post 01/20/2016 9								1 031 101	7	Letto (at Weeks)			
How were the gestational age and post fertilization age determined?									1				
ULTRASOUND													
	_	rforming termination											
DR. CAROL DELLI			b.o	4 als: : : :	1 ·	0040							
	-	orming termination (num		ı, cıty, state,	, and zip	coae)							
, , , , , , , , , , , , , , , , , , , ,	,	52.5, 40											
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	.EGE	City or t	own, of pregna	•			County of pregnar	ncy termination ONROE			
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	tion					
Patient's age**	Maı	ried ☐ Yes ■ No		o3/17/2016		Educa	uon		9th-12	th, No Diploma		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Uni	known		anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations		
Dates of termination	s (Do	not include this termin	0 ation. If more t	han six (6),	those me	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■ I	No								None	☐ Uteri	ne Perforation	
									Hemorrhag	e 🔲 Cerv	ical Laceration	
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products	
	.10										ned Froducts	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No									on of pregnancy resu	ult in a maternal death?	
								☐ Ye	s 🔳 No	0		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsu									/lifepriston			
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol			
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)		
Medical (Surgio	al) S	uction Curettage				☐ Medical	(Surgical	al) Sucti	on Curetta	ge		
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgical	al) Mens	strual Aspir	ration		
☐ Medical (Surgio	ai) C	iner (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.	
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viable	e or have	a post fert	ilization age at least	20 weeks?	
	No		8				Yes [
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	on was a	nswered ye	es, complete the foll	owing questions.	
Was the fetus gives	n the	best opportunity to surv	ive?			Was the fet	us given	the best	opportunit	ty to survive?		
Yes [ive.				Yes [_	оррогини	ly to survive.		
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he basis	for deter	mination tl	hat the pregnant wo	man had a condition	
that required the pr		ire to avert death or seri				that require					ment to the pregnant	
woman?						woman?						
						ī						
Date last normal men		-		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)	
01/11/2016 8 How were the gestational age and post fertilization age determined?								6				
How were the gestat ULTRASOUND	ional	age and post tertilizatio	n age determin	ied /								
22												
Full name of physici	an r-	rforming tarmingtion									1	
DR. CAROL DELLI	_	rforming termination R										
Address of physician	n perf	orming termination (num	mber and stree	t, city, state,	, and zip	code)						
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):											

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Patient's age** Married Pacility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Date of pregnancy term						BLOOMINGTON MONROE					•			
Patient's age**		1	Date of mass	anov to-	nation	Educa	tion				1			
18	Maı	ried ☐ Yes ■ No		03/17/2016		Educa	non	1	High Scho	ol Diploma or GEI)			
Race American Indiana Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termina		han six (6),	those me	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination			
res 💷 r	NO								None	☐ Uteri	ne Perforation			
T : 110		70 : 11 1: 1	C .	• .•				□ I	Hemorrhage	e 🔲 Cervi	ical Laceration			
Fetus viable? Yes 1	No	If viable, medical	reason for term	iination:				Пі	nfection	☐ Retai	ned Products			
										_				
Data ta ta ta ta	<i>,</i> •	TC 1							Other (Spec	uJy)				
Pathological examination performed?	ation	If yes, results:												
☐ Yes ■	No									on of pregnancy rest	alt in a maternal death?			
								☐ Ye	s 🔳 No	0				
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure									minated Pr	regnancy				
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)				☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Speci					
i Wedicai (Nollsu	iigica	i) Other (specify)				iviedicai	(INOIISU	igicai) C	otilei (speci	ijy)				
		uction Curettage				Medical	(Surgic	al) Sucti	on Curettag	ge				
Medical (Surgio		Ienstrual Aspiration Other (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	ıl) proceo	lures, answ	er the following que	estion.			
	le or l	nave a post fertilization	age at least 20	weeks?			us viabl Yes		a post fert	ilization age at least	20 weeks?			
	_					_		_						
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus given		best opportunity to surv	ive?				_	_	opportunit	y to survive?				
	_					_	Yes L							
		etermination that the prior to avert death or seri									man had a condition ment to the pregnant			
woman?			1	1	5	woman?				Ţ	1 .6			
Date last normal mer	nses h	egan		Physician	estimate	e of gestation (in weeks	5)	Post fee	rtilization age of the	e fetus (in weeks)			
01/17/2016 6 4														
How were the gestational age and post fertilization age determined?														
ULTRASOUND														
Full name of physici DR. CAROL DELLI	_	rforming termination												
		orming termination (num	mber and street	t, citv. state	and zin	code)								
	-	NDIANAPOLIS, IN 46		.,,,,	, up	/								
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy ter						BLOOMINGTON MONROE					•	
The state of the state of			D. C			1	··					
24	Marrie [ed Yes No		03/17/2016		Educa	ation	F		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black (☐ Other	or Africa	nn American	Unkı	nown		y anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		umber now living					Number			0		
Other Termination	s: N	umber of spontaneou		3			Number	r of indu	iced termi			
Dates of termination			v	, ,,		ost recent.)				0		
Fetus delivered alive		If yes, length of ti			4	1		5	Complia	cation(s) of Pregna	ancy Termination	
Yes I		ii yes, leligili oi ti	ille fetus surviv	veu.				■ N	•	_	erine Perforation	
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Iemorrhag	_	rvical Laceration	
Yes •	No							☐ Iı	nfection	Ret	tained Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No]	Did this	termination	on of pregnancy re	esult in a maternal death?	
								☐ Yes	■ N	0		
						Termination Procedures						
Type of Termination Procedures												
Procedure that Term			Additional P	rocedure t	that Teri	minated Pr	regnancy					
Medical (Nonsu									lifepriston			
Medical (Nonsu Medical (Nonsu									lisoprostol ther (Spec			
Medical (Surgio	nal) Suc	tion Curattaga				☐ Medical	(Surgical	1) Suctiv	on Curetta			
☐ Medical (Surgio	cal) Mei	nstrual Aspiration				☐ Medical	(Surgical	l) Mens	trual Aspi			
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)) proced	ures, answ	ver the following q	uestion.	
	le or hav ☐ No	ve a post fertilization	age at least 20	weeks?			tus viable Yes		a post fert	tilization age at lea	ast 20 weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previous	us question	n was aı	nswered ye	es, complete the fo	ollowing questions.	
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?		
	_	ermination that the p	reanant women	n had a cond:	ition	_	_		mination t	hat the prognent	oman had a condition	
that required the pr		to avert death or ser				that require					nirment to the pregnant	
woman?						woman?						
Date last normal me	_	an /27/2016		Physician	estimate	of gestation (in weeks)		Post fe	_	he fetus (in weeks)	
How were the gestat												
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	-			_		_		_			
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy termination Education								on	County of pregnancy termination MONROE	
Patient's age**	М	ad	Date of preon	nancy terminat	tion	Educa	tion			
26	Marri	Yes No		03/17/2016	iioii	Lauca	uon	High Sch	ool Diploma or GED	
Race American Indiana Native Hawaiian o	or Oth		Asian White	Black or Other	Afric	an American	Unknowi	n Not	y vanic or Latino Hispanic or Latino	
Live Births:			2				Number of i		0	
Other Terminations:	•	Number of spontaneou	0				Number of f	illudeed term	0	
Dates of terminations	(Do n	ot include this termino	ition. If more t 3	han six (6), th	ose m	ost recent.)	4		6	
Fetus delivered alive?		If yes, length of tir		red:		·		Compli	cation(s) of Pregnancy Termination	
	O							None	☐ Uterine Perforation	
Fetus viable?		If viable, medical r	reason for term	nination:				Hemorrhag	ge Cervical Laceration	
☐ Yes ■ N	О							Infection	☐ Retained Products	
								Other (Spe	ecify)	
Pathological examinat	tion	If yes, results:								
performed? Yes N	lo						Did	his terminat	ion of pregnancy result in a maternal death?	
Г										
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone										
☐ Medical (Nonsur	✓ Medical (Nonsurgical) Mifepristone ✓ Medical (Nonsurgical) Mifepristone ✓ Medical (Nonsurgical) Misoprostol ✓ Medical (Nonsurgical) Misoprostol ✓ Medical (Nonsurgical) Other (Specify) ✓ Medical (Nonsurgical) Other (Specify)									
ivicalcar (rvonsur	greary	Other (specify)				Wiedicar	(1 tolisurgicus	Other (Spec		
	al) Me	enstrual Aspiration					(Surgical) Su (Surgical) M			
Medical (Surgica	ıl) Ot	her (Specify)				☐ Medical	(Surgical) O	her (Specify)		
For Medical (Surgical	l) proc	cedures, answer the fol	lowing questic	on.		For Medical ((Surgical) pro	cedures, ansv	wer the following question.	
Was the fetus viable ☐ Yes ■		ve a post fertilization a	age at least 20	weeks?			us viable or ha	ive a post fer	rtilization age at least 20 weeks?	
	-	s answered yes, comple	ete the followi	ng questions.			_	s answered y	ves, complete the following questions.	
		est opportunity to survi	ve?					est opportuni	ity to survive?	
☐ Yes ☐	_					_	Yes No			
		termination that the pro e to avert death or seri							that the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?			•			woman?	-			
Date last normal mens		-		Physician es	stimate	e of gestation (i	in weeks)	Post fo	ertilization age of the fetus (in weeks)	
How were the gestation	01/25/2016 5 3 How were the gestational age and post fertilization age determined?									
ULTRASOUND										
Full name of physician DR. CAROL DELLIN										
	perfor	ming termination (num		t, city, state, a	nd zip	code)				
	., ۱۱									
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age**	Mar	ried No	Date of pregn	nancy termina 03/17/2016		Educa	tion	L	High Scho	ol Diploma or G	F D		
Race American Indiana Native Hawaiian o		laska Native [☐ Asian ■ White			an American	□Un	known	Ethnicity Hispa				
Live Births:		Number now living	0					er now d		0	<u> Бенничи</u>		
Other Terminations:	:	Number of spontaneou	s terminations				Numb	er of ind	uced termin				
Dates of terminations	(Do	not include this termina	tion. If more t	than six (6), t	those me	ost recent.)				0			
1		2				4		5		6			
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	/ed:				_	•	ration(s) of Pregna	•		
								■ N	None	☐ Ute	erine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:		Hemorrhage Cervical Laceration							
☐ Yes ■ N	o							☐ I	nfection	Ret	tained Products		
									Other (Spec	rify)			
Pathological examinat	tion	If yes, results:											
Yes N	lo							Did this	terminatio	on of pregnancy re	esult in a maternal death?		
								☐ Yes					
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsur									lifepriston				
☐ Medical (Nonsur ☐ Medical (Nonsur									lisoprostol ther (<i>Speci</i>				
Madical (Sumaios	1) C	vation Cumattage				☐ Madical	(Cymaia	al) Cuati	on Cumotto				
	al) M	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir				
☐ Medical (Surgica	ıl) O	ther (Specify)				☐ Medical	(Surgic	al) Other	(Specify)				
For Medical (Surgical	l) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgica	ıl) proced	ures, answ	er the following q	uestion.		
		ave a post fertilization a	age at least 20	weeks?					a post fert	ilization age at lea	ast 20 weeks?		
☐ Yes ■						_	Yes [_					
If the previous question	on wa	as answered yes, comple	ete the followi	ng questions		If the previou	s questi	ion was a	nswered ye	es, complete the fo	ollowing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?			
What was the basis t	for d	etermination that the pro	eonant woman	had a condi	tion	What was th	ne hasis	for deter	mination th	nat the pregnant w	oman had a condition		
that required the pro		re to avert death or serie				that require					airment to the pregnant		
woman?						woman?							
									1				
Date last normal mens		egan 2/23/2015		Physician	estimate	e of gestation (i	n weeks	5)	Post fer	•	he fetus (in weeks)		
How were the gestation		age and post fertilization	n age determin	ned?					1				
ULTRASOUND													
Full name of physician DR. CAROL DELLIN	_	-											
		orming termination (num	nber and stree	t, city, state,	and zip	code)							
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225										
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						•				
Dationt's access			Date of	nonovi to	antion	p.1	tion.							
Patient's age** 22	Mar	ried Yes No	Date of pregn	03/18/2016		Educa	uion	I		ool Diploma or GEI)			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations				
		not include this termin				ost recent.)				1				
Fetus delivered alive	.9	If yes, length of tin		ad:		4		5	Complic	cation(s) of Pregnance	cv Termination			
Yes I		ir yes, length of th	ine retus surviv	reu.					•	_	ne Perforation			
Fetus viable?		If viable, medical	reason for term	nination:				∐ I	Hemorrhage	e 📙 Cervi	cal Laceration			
☐ Yes ■ I	No							_ I	nfection	☐ Retai	ned Products			
									Other (Spec	cify)				
Pathological examin	ation	If yes, results:												
performed?	Nο							Did this	s terminatio	on of pregnancy resu	alt in a maternal death?			
	. 10							☐ Ye			nt in a maternar deatir:			
				Туре	of Termin	Termination Procedures								
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy				
☐ Medical (Nonsu☐ Medical (Nonsu☐	rgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aifepriston Aisoprostol					
☐ Medical (Nonsu	rgica) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)				
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge				
☐ Medical (Surgion Med		Ienstrual Aspiration							strual Aspii r (Specify)	ration				
Wiedicar (Surgio	<i>a</i> i) C	unci (specify)				Wicalcan	(Surgic	ar) Onic	і (Бресіју)					
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.			
	e or h	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?				
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition			
		ire to avert death or ser									ment to the pregnant			
woman:						woman:								
Date last normal men		•		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gestat		2/24/2015 age and post fertilization	n age determin	led?		12				10				
ULTRASOUND		Poor Isranizatio												
Full name of physici DR. CAROL DELLI	NGE	٦												
	-	orming termination (num		t, city, state,	, and zip	code)								
ZUU S. WIEKIDIAN S	ון, ונ,	IDIANAPOLIS, IN 46												
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** 21	Mar	ried No	Date of pregn	nancy termina 03/18/2016		Educa	tion	ŀ	High Scho	ol Diploma or GE	ED		
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White			an American		known	Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Terminations	s:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 1			
	s (Do	not include this termina	,	than six (6), t	hose mo	ost recent.)							
L. 2015	9	If yes, length of tin	3	rad.		4		5	Complic	ation(s) of Pregna	ncy Termination		
Fetus delivered alive Yes 1		if yes, length of the	ne retus surviv	/ea:				■ N	None	_	rine Perforation		
										_			
Fetus viable?		If viable, medical r	eason for term	nination:				∐ F	Hemorrhage	e ∐ Cer	vical Laceration		
☐ Yes ■ 1	No								nfection	Ret	ained Products		
									Other (Spec	rify)			
Pathological examina performed?	ation	If yes, results:											
Yes I	No							Did this	terminatio	on of pregnancy re	sult in a maternal death?		
								☐ Yes	s 🔳 No)			
Tune of Termination Dressedures													
	Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsu									lifepriston				
☐ Medical (Nonsu☐ Medical (No		l) Misoprostol l) Other (Specify)							lisoprostol other (Speci				
	Ü							,		•••			
- M 1: 1/0 :	1) 0						/G :	1) 0 .:	G #				
☐ Medical (Surgice)	al) N	uction Curettage Ienstrual Aspiration				Medical	(Surgic	al) Mens	on Curettag strual Aspir				
☐ Medical (Surgic	al) C	Other (Specify)				☐ Medical	(Surgic	al) Other	(Specify)				
For Medical (Surgical	al) pro	ocedures, answer the following	lowing question	on.		For Medical (Surgica	l) proced	ures, answ	er the following qu	uestion.		
		nave a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [■ No)					Yes [No					
If the previous questi	ion w	as answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the fo	llowing questions.		
Was the fetus giver ☐ Yes ☐		best opportunity to survi	ve?				us given Yes [opportunit	y to survive?			
What was the basis	for d	etermination that the pro-	egnant woman	n had a condit	tion	What was th	ne basis	for deter	mination th	nat the pregnant w	oman had a condition		
that required the pr woman?	ocedi	are to avert death or serie	ous impairmer	nt to the pregi	nant	that required woman?	d the pro	ocedure t	o avert dea	th or serious impa	irment to the pregnant		
woman.						woman.							
Dilli				DI · ·		<u> </u>		,	TD : 0				
Date last normal mer		pegan 01/18/2016		Physician o	estimate	e of gestation (i 9	n weeks	7)	Post fer	rtilization age of th 7	ne fetus (in weeks)		
How were the gestati		age and post fertilization	n age determin	ned?									
ULTRASOUND													
Full name of physici DR. CAROL DELLI	_	-			_		_						
		orming termination (num	nber and stree	t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, IN	NDIANAPOLIS, IN 462	225										
**Date Reported to	o DC	CS, if Patient under 14	(month, day,	year):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						•	
			n · ·			T = -						
Patient's age** 38	Marrie [ed Yes • No	Date of pregr	03/24/2016		Educa	ation	ŀ		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black o	or Africa	n American	☐ Unk	inown		y anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	N	umber now living	4				Numbe	er now d		0		
Other Termination	s: N	umber of spontaneou	-	3			Numbe	er of ind	uced termi			
Dates of termination			v			est recent.)						
Fetus delivered alive		If yes, length of ti			4	L		5	Complic	cation(s) of Pregna	ancy Termination	
Yes •		ii yes, iengui oi u	ine retus surviv	veu.				■ N		_	erine Perforation	
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_	rvical Laceration	
Yes • 1	No							∐ I:	nfection	∐ Re	tained Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										esult in a maternal death?	
								☐ Yes	s I N	0		
				_								
				Type of	f Termin	ation Procedu	res					
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Ter	minated Pi	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu Medical (Nonsu									Lisoprostol Other (Spec			
Medical (Surgio	cal) Suc	tion Curettage				Medical	(Surgica	1) Sucti	on Curetta	ge.		
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgica	l) Mens	strual Aspi			
Medical (Surgio	zai) Oui	er (<i>specify</i>)				☐ Medical (Surgical) Other (Specify)						
	•											
For Medical (Surgice			• .					_		er the following o		
	le or hav	re a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previou	us questic	on was a	nswered ye	es, complete the fo	ollowing questions.	
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?		
	_	ermination that the p	regnant woman	n had a condi	tion	_	_	•'	mination t	hat the pregnant w	oman had a condition	
		to avert death or ser									airment to the pregnant	
woman:						woman:						
Data last 1	maa- 1			Dk: '		of ac-t	in 1)		D C	utilianti C	he fetus (in the late)	
Date last normal me	_	an '20/2016		rnysician	esumate	of gestation (ın weeks)	,	Post Ie	_	he fetus (in weeks)	
How were the gestat				1								
ULTRASOUND												
En assis												
Full name of physici	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip o	code)						
**Date Reported t	to DCS	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
The state of the state of			D. C			T						
Patient's age** 20	Marrie [ed ☐ Yes ■ No	Date of pregr	03/24/2016		Educa	ition	ŀ		ool Diploma or	GED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	an American	Unkı	nown		y anic or Latino Hispanic or Latir	10	Unknown
Live Births:		umber now living	0	—			Number			0		
Other Termination	s: N	umber of spontaneou		3			Number	r of indu	uced termi	nations		
Dates of termination	s (Do no		v			ost recent.)				0		
1					4	1		5	Compli	cation(s) of Preg	nancy 7	Fermination
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:				_ ,			•	
								■ N		_		Perforation
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Hemorrhag	e ∐ C	Cervical	Laceration
Yes •	No								nfection	☐ R	etained	l Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						j	Did this	terminati	on of pregnancy	result i	n a maternal death?
								☐ Yes	s 🔳 N	0		
				Type of	f Termin	Additional Procedure that Terminated Pregnancy						
Procedure that Term	inated P	regnancy				Additional P	rocedure t	that Terr	minated Pr	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu									lisoprosto other (Spec			
						☐ Medical (Nonsurgical) Other (Specify)						
Medical (Surgio	ral) Suc	tion Curettage				☐ Medical	(Surgical	l) Sucti	on Curetta	ge		
☐ Medical (Surgio	cal) Mei	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
Medical (Surgio	car) Oth	er (<i>Specify</i>)				Medical	(Surgical	i) Otnei	((Specify)			
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)) proced	ures, answ	er the following	questi	on.
	le or hav No	e a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.	١.	If the previou	ıs questio	n was ai	nswered y	es, complete the	followi	ing questions.
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?		
	_	ermination that the p	regnant women	n had a condit	tion	_	_		mination t	hat the pregnant	Womar	n had a condition
that required the pr		to avert death or ser				that require						nt to the pregnant
woman?						woman?						
				I w							0.1 -	
Date last normal me	_	an 24/2016		Physician	estimate	of gestation (in weeks)		Post fe	ertilization age of	f the fet 5	tus (in weeks)
How were the gestat				1								
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						•				
Patient's age**		. ,	Date of pregn	ancy tormi	nation	Educa	tion							
31	Maı	ried □ Yes ■ No		03/24/2016		Educa	non	1	High Scho	ol Diploma or GEI)			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d	leceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termina		han six (6),	those me	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination			
res 🖷 r	NO								None	☐ Uteri	ne Perforation			
F		70 : 11 1: 1	C .	• .•				□ I	Hemorrhag	e 🔲 Cervi	ical Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for term	iination:				Пі	Infection	☐ Retai	ned Products			
										_				
D-4h-1i1i-	_4:	If14							Other (Spec	ufy)				
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?			
								☐ Ye	s 🔳 No	0				
				Type o	of Termin	Additional Procedure that Terminated Pregnancy								
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Misoprostol Other (Spec					
	irgica	i) Other (specify)				Wiedical	(1 tollsu	igicai) c	other (Spee)	99)				
								(Surgical) Suction Curettage						
		uction Curettage Ienstrual Aspiration				☐ Medical	(Surgic	al) Sucti	ion Curetta strual Aspir	ge				
Medical (Surgio									r (Specify)	lation				
For Medical (Surgice	al) pr	ocedures, answer the fol	llowing questio	n .		For Medical	Surgice	1) proces	Jurae anew	er the following que	action			
	_													
	le or l ■ No	have a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	e.	If the previou	is anesti	ion was a	inswered ve	es, complete the foll	owing questions			
				ng question.	s.	_	_		-	-	owing questions.			
Was the fetus giver ☐ Yes [best opportunity to surv	ive?				us giver Yes 🏻 🗀	_	opportunit	y to survive?				
What was the basis	ford	etermination that the pr	ragnant woman	had a cond	ition	What was t	ha hacic	for data	mination th	hat the pregnant was	nan had a condition			
that required the pr		ire to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
Date last normal mer		•		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)			
How word the	02/10/2016	 		6				4						
ULTRASOUND	ional	age and post fertilizatio	n age uetermin	ieu :										
Full name of physici	an ne	rforming termination												
DR. CAROL DELLI	_	-												
	-	orming termination (num		t, city, state,	, and zip	code)								
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
	Ī											
Patient's age**	Marrie	d Yes • No	Date of pregr	03/24/2016		Educ	ation	ŀ		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	an American	☐ Un	known		/ anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	N	umber now living	1	_			Numb	er now d		0		
Other Termination	s: N	umber of spontaneou	us terminations	ļ			Numb	er of ind	uced termi			
Dates of termination			•			ost recent.)				0		
Fetus delivered alive		If yes, length of ti				1		5	Complia	cation(s) of Pregna	ancy Termination	
Yes •		ii yes, iengin oi ti	me ietus surviv	ved:				■ N		_	erine Perforation	
									Hemorrhag	_	rvical Laceration	
Fetus viable?		If viable, medical	reason for term	nination:								
☐ Yes ■ 1	No							∐ I:	nfection	∐ Ret	tained Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										esult in a maternal death?	
								☐ Yes	s 🔳 N	0		
				Type of	f Termir	nation Proced	ires					
Dun and dun all the Towns	:			Турс о	1 Termin			414 T				
Procedure that Term						Additional I						
Medical (Nonsu									lifepriston lisoprostol			
Medical (Nonsu									Other (Spec			
Medical (Surgio									on Curetta			
☐ Medical (Surgion Med		nstrual Aspiration er (Specify)							strual Aspi r (Specify)	ration		
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgica	ıl) proced	lures, answ	ver the following q	uestion.	
		e a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
	■ No		1-4- 4h - £-11:			_	_		1	lata tha fa	.11	
If the previous quest		answered yes, comp st opportunity to surv		ing questions	5.	-	_			ty to survive?	ollowing questions.	
	No	st opportunity to surv	/IVE :					No	оррогинн	ly to survive:		
		ermination that the protocolor to avert death or ser									oman had a condition airment to the pregnant	
woman?	ocedure	to avert death of ser	ious impairmei	nt to the preg	gnam	woman?	eu uie pro	ocedure t	o avert dea	un or serious impa	arment to the pregnant	
Date last normal me	_			Physician	estimate	e of gestation	(in weeks	:)	Post fe	_	he fetus (in weeks)	
How were the gestat		30/2016 e and post fertilization	on age determin	ned?		7					5	
ULTRASOUND		F										
									-			
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		rt, city, state,	and zip	code)						
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						•		
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	tion						
Patient's age** 27	Maı	ried □ Yes ■ No		nancy termin 03/24/2016		Educa	iliOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ I	No								None	☐ Uteri	ne Perforation		
						Hemorrhage Cervical Laceration							
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products		
	.10										ned i roducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?		
								☐ Ye	s 🔳 No)			
				Туре	of Termi	rmination Procedures							
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	raica	1) Mifanristona				☐ Madical	(Noneu	raical) N	//////////////////////////////////////	a			
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol				
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)			
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	ai) C	iner (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No						Yes [•	C			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follow	owing questions.		
Was the fetus give	n the	best opportunity to surv	ive?			Was the fet	us oiver	the best	opportunit	y to survive?			
Yes [Yes [_	оррогия	y to survive.			
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition		
	ocedi	ire to avert death or seri	ious impairmer	nt to the preg	gnant		d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
woman?						woman?							
Date last normal men		•		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)		
How were the '	01/30/2016	pad?	8				6						
ULTRASOUND	ionai	age and post fertilizatio	u age determin	ieu :									
Full name of physici	an r-	rforming tarmingtion									1		
DR. CAROL DELLI	_	rforming termination R											
Address of physician	n perf	orming termination (num	mber and stree	t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE Ci	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age**	3.7		Date of pregr	nancy terminat	tion	Educat	tion						
39	Mari	Yes No		03/24/2016	iioii	Educai	non	Bac	helor's Degree				
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black or ☐ Other	Africa	an American	Unknown	☐ Not	y panic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	3				Number now		1				
Other Terminations	s:	Number of spontaneou	s terminations 1				Number of in	duced term	inations 1				
Dates of termination	s (Do	not include this termino 2. UNKNOWN		than six (6), the		ost recent.)	5.		6				
Fetus delivered alive		If yes, length of tir	ne fetus surviv	ved:				Compli	ication(s) of Pregnand	cy Termination			
☐ Yes ■ 1	NO						■	None	☐ Uteri	ne Perforation			
Fetus viable?		If viable, medical i	eason for term	nination:				Hemorrha	ge 🗌 Cervi	ical Laceration			
☐ Yes ■ 1	No							Infection	Retai	ned Products			
						Other (Specify)							
Pathological examina performed?	ation	If yes, results:											
Yes •	No									alt in a maternal death?			
							☐ Yes ■ No						
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsu						_	(Nonsurgical)						
Medical (Nonsu	ırgical					☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprosto	ol				
iviculear (Tvonsu	irgicai) Other (Specify)				Wiedieai	(Ivonsuigicai)	Office (Spe	cijy)				
Madical (Sympic	1) C	vation Comottogo					(Cumpical) Cua	tion Cumott					
	cal) M	enstrual Aspiration				Medical	(Surgical) Suc (Surgical) Me	nstrual Asp	iration				
Medical (Surgic	cai) O	tner (<i>Specify</i>)				☐ Medical	(Surgical) Oth	er (<i>Specify</i>))				
For Medical (Surgical	al) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgical) proc	durae anes	wer the following que				
		ave a post fertilization	0 1						rtilization age at least				
Yes [igo ut loust 20	weeks.			Yes No	e a post rei	timzation age at least	20 weeks.			
If the previous questi	ion wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	yes, complete the follows	owing questions.			
	n the b	est opportunity to surv	ive?				us given the be Yes \text{No}	st opportun	ity to survive?				
		etermination that the pr							that the pregnant wor				
that required the pr woman?	ocedu	re to avert death or seri	ous impairmei	nt to the pregna	ant	that required woman?	d the procedure	to avert de	eath or serious impair	ment to the pregnant			
Date last normal mer		•		Physician es	stimate	e of gestation (i	n weeks)	Post f	ertilization age of the	e fetus (in weeks)			
01/24/2016 7 How were the gestational age and post fertilization age determined?									5				
ULTRASOUND	LTRASOUND												
Full name of physicion DR. CAROL DELLI							_						
	-	orming termination (num		t, city, state, a	nd zip	code)							
ZUU S. WEKIDIAN S	οι, II\	IDIANAPOLIS, IN 462	220										
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age**	37	.:	Date of pregr	nancy terminat	tion	Educa	tion			,			
28	Mai	ried Yes No		03/24/2016	.iOII	Educa	uvii	Ma	aster's Degree				
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknown		ity panic or Latino t Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Number nov	deceased	0				
Other Termination	ıs:	Number of spontaneou	s terminations	i			Number of i	nduced tern	ninations 0				
Dates of termination	is (Do	not include this termina				ost recent.)			-				
Fetus delivered alive		If yes, length of tir	aa fatus survix			4	5.		lication(s) of Pregnan	cv Termination			
Yes I		if yes, length of the	ne retus surviv	ved.				None	_	ine Perforation			
								Hemorrha		rical Laceration			
Fetus viable?	No	If viable, medical r	eason for term	nination:									
☐ Yes ■ I	NO							Infection	_	ined Products			
Pothological	otic	If you man-14						Other (Sp	ecify)				
Pathological examin performed?		If yes, results:											
☐ Yes ■	No							his termina		ult in a maternal death?			
		<u> </u>											
Type of Termination Procedures													
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
		•					(Nonsurgical)						
Medical (Nonsu	ırgica) Misoprostol					(Nonsurgical)	Misoprost	ol				
Medical (Nonsu	urgica	Other (Specify)				∐ Medical	(Nonsurgical)	Otner (Spe	ecify)				
		uction Curettage Ienstrual Aspiration					(Surgical) Su (Surgical) Mo						
Medical (Surgio							(Surgical) Ot						
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (r Medical (Surgical) procedures, answer the following question.						
		ave a post fertilization a	nge at least 20	weeks?			as the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [_	Yes No						
If the previous quest	tion w	as answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered	yes, complete the fol	lowing questions.			
	n the l	pest opportunity to survi	ve?				us given the bo	est opportu	nity to survive?				
		etermination that the pr	egnant woman	n had a conditi	ion	_	_	termination	that the pregnant wo	man had a condition			
		are to avert death or seri								rment to the pregnant			
WOIIIAII!						woman?							
Data last normal	neoc 1	agan		Dhysisian -	atimat	a of gostotion (in weeks)	Doct	fartilization are of 4-	e fatus (in weeks)			
Date last normal men		egan 01/22/2016		rnysician e	sumate	e of gestation (i 8	n weeks)	Post	fertilization age of th 6	e ietus (<i>in weeks)</i>			
_	tional	age and post fertilization	n age determir	ned?									
ULTRASOUND													
Full name of physici	ian ne	rforming termination											
DR. CAROL DELLI													
	-	orming termination (num		t, city, state, a	ınd zip	code)							
200 S. WEKIDIAN S	۱, ۱۱ من	NDIANAPOLIS, IN 462	<u>د</u> حی										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Adplanned Parenthoo AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** 22	Mar	ried No	Date of pregn	nancy termin 03/24/2016		Educa	tion		Some Co	ollege, No Degre	e		
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations	s:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0			
Dates of terminations	s (Do	not include this termino	•	than six (6), t	those me	ost recent.)	•						
Fetus delivered alive		If yes, length of tir		vad:		4		5	Complic	ation(s) of Pregna	ncy Termination		
Yes • N		if yes, length of the	ne retus surviv	reu.				1	None	_	rine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:					Hemorrhage	_	vical Laceration		
☐ Yes ■ N	No.					☐ Infection ☐ Retained Products							
									Other (Spec	ify)			
Pathological examina performed?	ation	If yes, results:											
Yes I	No					Did this termination of pregnancy result in a maternal death?							
								☐ Ye	s 🔳 No)			
Type of Termination Procedures													
				Type of	f Termii	nation Procedu	res						
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsu									/lifepristone	e			
Medical (Nonsu: Medical (Nonsu:) Misoprostol) Other (<i>Specify</i>)							Aisoprostol Other (Speci	ify)			
Madical (Surgic	a1) C	uation Curattaga				☐ Madical	(Surgio	ol) Suoti	on Curatta				
	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir				
☐ Medical (Surgical)	al) C	ther (Specify)				Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	ıl) pro	ocedures, answer the fol	lowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following q	uestion.		
		ave a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
☐ Yes ■							_						
If the previous questi	on w	as answered yes, comple	ete the followi	ng questions	S.	If the previou	is questi	ion was a	nswered ye	s, complete the fo	llowing questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us giver Yes [opportunit	y to survive?			
What was the basis	for d	etermination that the pr	egnant woman	n had a condi	tion	What was t	he basis	for deter	mination th	nat the pregnant w	oman had a condition		
		re to avert death or seri									irment to the pregnant		
woman:						woman:							
				- Int									
Date last normal men		egan 1/02/2016		Physician	estimate	e of gestation (a	ın weeks	5)	Post fer	tilization age of tl 1	he fetus (in weeks) 0		
How were the gestational age and post fertilization age determined?										<u> </u>			
ULTRASOUND													
Full name of physicia DR. CAROL DELLIN	_	-											
		orming termination (num	nber and stree	t, city, state,	and zip	code)							
= -	-	IDIANAPOLIS, IN 462											
**Data Danceta 1 4	Date Reported to DCS, if Patient under 14 (month, day, year):												
Date Reported to	שעי	5, 11 1 autili ulluei 14	_{t (} monin, aay,	yeur)						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						•			
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	tion							
24	Mar	ried ☐ Yes ■ No		03/24/2016		Educa	шоп		Some Co	ollege, No Degree				
Race American Indian Native Hawaiian			Asian White	■ Black □ Other	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations				
Dates of termination 1. 10/01/2015	s (Do	not include this termina	v	than six (6),		ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	y Termination			
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation			
								П	Hemorrhage	e □ Cervi	cal Laceration			
Fetus viable?	ντ	If viable, medical	reason for term	nination:					Ü					
☐ Yes ■ I	NO							l l	nfection	☐ Retai	ned Products			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did this			alt in a maternal death?			
								☐ Yes	s 🔳 No	0				
				Type o	of Termin	Permination Procedures Additional Procedure that Terminated Pregnancy								
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	rgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
☐ Medical (Nonsu	rgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol					
Medical (Nonsu	rgica) Other (Specify)				Medical	(Nonsu	rgical) C	Other (Speci	ify)				
		uction Curettage							on Curettag					
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspir r (<i>Specif</i> y)	ration				
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
	e or h	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?				
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition			
that required the pr woman?	ocedu	re to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant			
woman:						woman:								
Date last normal men		egan 12/07/2016		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)			
How were the gestat		age and post fertilization	n age determin	l ned?		8				6				
ULTRASOUND		,	<i>J</i>											
Full name of physici DR. CAROL DELLI	NGE	₹												
	-	orming termination (num		t, city, state,	and zip	code)								
200 S. WERIDIAN S	ווי, וו'	IDIANAPOLIS, IN 46												
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (P	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE	City or t	own, of pregn	ancy ter			County of pregnar	ncy termination ONROE		
Patient's age**	3.5		Date of pregn	nancy termin	nation	Educ	ation						
32	Mai	ried ■ Yes □ No		1ancy termir 03/24/2016		Educ	atiOII		Bach	elor's Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					Complic	eation(s) of Pregnan	cy Termination		
☐ Yes ■ I	NO						☐ Uteri	ne Perforation					
					Hemorrhage Cervical Laceration								
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				n 1	nfection	☐ Retai	ned Products		
D-4h-1i1i-	-4:	If						Ь Г	Other (Spec	ufy)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No					alt in a maternal death?							
								☐ Ye	s 🔳 No)			
				Type o	of Termin	nation Procedu	ires						
Procedure that Term	inate	l Pregnancy				Additional F	rocedur	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medica	l (Nonsu	ırgical) N	//////////////////////////////////////	e			
☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Misoprostol Other (Spec				
	iigica	i) Other (specify)				Wiedica	(1101130	ingicui) c	other (Spee)	997			
		uction Curettage Ienstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgio									r (Specify)	lation			
For Madical (Surgice	o1) mm	ocedures, answer the fol	lawina avastis			For Madical	(Cumai a	a1) mma aas	lumas amarri	er the following que			
	_												
	le or l ■ No	nave a post fertilization	age at least 20	weeks?			tus viabl Yes [a post fert	ilization age at least	20 weeks?		
		as answered yes, compl	ata tha followi	na question	ie.	If the pravio	ne anget	ion was a	nessiarad sia	es, complete the foll	owing questions		
				ing questions	18.	_	•		•	•	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				tus giveı Yes [opportunit	y to survive?			
What was the besis	for	etermination that the pr	eanant women	had a cond	lition	_	_		mination 4	nat the present we	man had a condition		
that required the pr		are to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
Date last normal men	nses b	pegan		Physician	estimate	e of gestation	in week.	s)	Post fe	rtilization age of the	e fetus (in weeks)		
TT -3	01/30/2016	4.	10		8				6				
How were the gestat ULTRASOUND													
22110100014D													
Full name of physici	an no	rforming termination											
DR. CAROL DELLI	_	-											
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE				
36	nancy termination 03/24/2016	Educa	tion		ollege, No Degree				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Uni		nnic or Latino Hispanic or Latino				
Live Births: Number now living 3				er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	nations				
Dates of terminations (Do not include this termination. If more t	han six (6), those n	nost recent.)			0				
1 2 3		4		5	6				
Fetus delivered alive? If yes, length of time fetus surviv Yes No	red:			Complic	eation(s) of Pregnancy Termination				
			☐ Uterine Perforation						
Fetus viable? If viable, medical reason for term	nination:		e Cervical Laceration						
Yes No	mucion.	☐ Infection ☐ Retained Produ							
		☐ Other (Specify)							
Pathological examination									
performed? ☐ Yes ■ No				D: 1 (1): - 4i	on of pregnancy result in a maternal death?				
les e ivo				Yes No	1 6 3				
	Type of Term	ination Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol			(Nonsu	rgical) Mifepriston rgical) Misoprostol					
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsu	rgical) Other (Spec	ify)				
Medical (Surgical) Suction Curettage				al) Suction Curetta					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)				al) Menstrual Aspir al) Other (Specify)	ration				
For Medical (Surgical) procedures, answer the following questic	nn .	For Medical (Surgica	1) procedures answ	er the following question.				
				•					
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		us viable Yes		ilization age at least 20 weeks?				
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes 🔲	the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition				
that required the procedure to avert death or serious impairmer woman?	nt to the pregnant	that require woman?	d the pro	ocedure to avert dea	th or serious impairment to the pregnant				
	n · · ·		, ,	1 - 1					
Date last normal menses began 01/10/2016	Physician estima	te of gestation (i 7	n weeks	Post fe	rtilization age of the fetus (in weeks) 5				
How were the gestational age and post fertilization age determin	ned?			<u> </u>					
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and stree	t, city, state, and zij	o code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	•			County of pregnar	ncy termination ONROE			
Patient's age**		. ,	Date of pregn	anov tormi	nation	Educa	ntion							
30	Mai	ried ■ Yes 🔲 No		03/24/2016		Educa	шоп		Some Co	ollege, No Degree				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known	Ethnicity Hispa Not H	anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	4				Numb	er now d		0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations				
Dates of termination UNKNOWN	s (Do	not include this termin		than six (6),		ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complication(s) of Pregnancy Termination					
☐ Yes ■	No				■ None ☐ Uterine Perf									
					— ☐ Hemorrhage ☐ Cervical Laceration									
Fetus viable?		If viable, medical	reason for term	nination:					Ü	_				
☐ Yes ■	No							📙 1	nfection	☐ Reta	ned Products			
					Other (Specify)									
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did thi	s terminatio	on of pregnancy res	alt in a maternal death?			
								☐ Ye						
											1			
				Туре	of Termi	nation Procedu	res							
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy				
										•				
☐ Medical (Nonsu☐ Medical (Nonsu	ırgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aifepristone Aisoprostol					
☐ Medical (Nonsu	ırgica) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)				
Medical (Surgional Control Contro	cal) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge				
Medical (Surgio	cal) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii r (<i>Specif</i> y)					
☐ Medical (Surgio	cai) C	uner (<i>Specify</i>)				Medical	(Surgic	ai) Otne	г (Ѕресцу)					
For Medical (Surgic	al) pro	ocedures, answer the fol	llowing question	on.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viab	le or l	ave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	20 weeks?			
☐ Yes [■ No						Yes [No						
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	s.	If the previou	us questi	ion was a	nswered ye	es, complete the foll	owing questions.			
		pest opportunity to surv	ive?				_	_	opportunit	y to survive?				
☐ Yes [_ No						Yes L	No						
		etermination that the pr									man had a condition ment to the pregnant			
woman?	oceui	ire to avert death or seri	ious impairmei	it to the pre	gnam	woman?	a me pi	ocedure i	o avert dea	un or serious impan	ment to the pregnant			
Data last normal	neac 1	agan		Dlavoi ai s	actionat	e of gestation (in west	e)	Doct f-	rtilization acc of 41	fatus (in wasks)			
Date last normal me		egan 2/28/2015		1 mysician	i estillati	e or gestation (in weeks	· <i>)</i>	rost iei	rtilization age of the 8	Licius (iii weeks)			
How were the gestat					1									
ULTRASOUND														
Full name of physici DR. CAROL DELLI	NGE	₹												
	-	orming termination (num		t, city, state,	, and zip	code)								
200 G. WILKIDIAN S	۱, ۱۱ ر	LINITOLIO, IN 40												
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC	SI) (MONROE CO.) - 42 7403	21 SOUTH COLL	_EGE (City or to	own, of pregna BLOOM	ncy termina	ation		County of pro	egnancy MON	
The state of the state of			D. C			1	··					
Patient's age**	Marrie [ed ■ Yes □ No	Date of pregr	03/24/2016		Educa	tion			ollege, No De	gree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unknov	own		nnic or Latino Hispanic or Lat	ino	Unknown
Live Births:		lumber now living	3				Number n			0		
Other Termination	s: N	lumber of spontaneou		1			Number o	of indu	ced termi			
Dates of termination 1. 04/17/2014		ot include this termin 2 05/21/2015	ation. If more t		those mos	st recent.)		5		6		
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pre	gnancy	Termination
☐ Yes ■ 1	No							☐ Uterine Perforation				
								□ н	emorrhag	е 🗆	Cervica	l Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				□ Ir	fection	П	Retaine	d Products
					Other (Specify)							
Pathological examin	ation	If yes, results:			Guier (specify)							
performed?		ir yes, results.										
☐ Yes ■	No						Die				y result	in a maternal death?
								100				
				Type of	f Termin	ation Procedur	res					
Procedure that Tame	ingtod D	ragnangy		- , pc 01				at Town	ningtod D	ragnan av		
Procedure that Term						Additional Pr						
Medical (Nonsu							(Nonsurgical (Nonsurgical					
Medical (Nonsu							(Nonsurgical					
Medical (Surgio							(Surgical)					
Medical (Surgion Medica		nstrual Aspiration er (Specify)					(Surgical) (Surgical)			ration		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.						
		ve a post fertilization	age at least 20	weeks?		Was the fett	us viab <u>le</u> or	have		ilization age at		
	No No	1				_	Yes □ N		,	1	C 11	. ,.
If the previous quest				ing questions.	١.		_		-	es, complete the	e follow	ing questions.
	n the bes ☐ No	st opportunity to surv	ive?			was the lett			opportunit	y to survive?		
		ermination that the pr										n had a condition
woman?	rocedure	to avert death or ser	ious impairmei	nt to the preg	nant	woman?	d the proced	dure to	avert dea	th or serious ir	npairme	ent to the pregnant
Date last normal me	nses beg	gan		Physician	estimate	of gestation (i	n weeks)		Post fe	rtilization age	of the fe	etus (in weeks)
	01/	/15/2016		-		8	.,				6	, ,
How were the gestat ULTRASOUND												
OLIKASOUND												
Full name of physici	an nerfo	orming termination										
DR. CAROL DELLI	NGER	_										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip c	code)						
**Date Reported t						_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	City or t	town, of pregna BLOOM	ncy termination	1	County of pregnan	cy termination DNROE		
Dationt' **	I _		Data -£	· ·	tio	I pri	tion					
Patient's age** 30 Race	Mar	ried Yes No	Date of pregr	03/24/2016	ition	Educat	tion	High Sch	ool Diploma or GEI)		
Race ☐ American Indian ☐ Native Hawaiian		•	Asian White	■ Black of Other	r Afric	an American	Unknown	■ Hisp □ Not	y panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	\Box	Number now living	3				Number now	deceased	0			
Other Termination		Number of spontaneou	s terminations 0				Number of in	duced term	inations 1			
Dates of termination 1. UNKNOWN	ıs (Do	not include this termina	ution. If more t			ost recent.) 4	5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	/ed:				Compli	cation(s) of Pregnanc	ey Termination		
☐ Yes ■	No				■ None							
Fetus viable?		If viable, medical r	eason for term	nination:	Dn: Hemorrhage Cervical Laceration							
☐ Yes ■	No	,			☐ Infection ☐ Retained Products							
								Other (Spe	ecify)			
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No						Did th			alt in a maternal death?		
							, ,					
				Type of	Termi	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsurgical)	Mifepristor	ne			
Medical (Nonsu Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)					(Nonsurgical) (Nonsurgical)					
Medical (Surgio	cal) S	uction Curettage				☐ Medical	(Surgical) Suc	tion Curetta	age			
	cal) N	Ienstrual Aspiration				☐ Medical	(Surgical) Mer (Surgical) Oth	strual Asp	iration			
								- ***				
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	dures, ansv	wer the following que	estion.		
		ave a post fertilization a	age at least 20	weeks?				e a post fer	tilization age at least	20 weeks?		
Yes [oto the f-11	na ana-4:		_	Yes No	ong 1	200 00mm1c+- +1 C 11	owing questi		
		as answered yes, comple		ng questions.					ves, complete the followity to survive?	owing questions.		
	n the i	pest opportunity to survi	1401				us given the beserves \text{No}	ь оррогит	ity to survive?			
		etermination that the property to avert death or serious							that the pregnant wor			
woman?	occul	no to avoit ucaui di SCII	ово шрание	ii to me bregn	ıuııı	woman?	a are procedure	.o avert ue	ani or sorious illipalli	ment to the pregnant		
						<u> </u>						
Date last normal me		egan 12/02/2016		Physician e	estimate	e of gestation (i	n weeks)	Post fo	ertilization age of the	fetus (in weeks)		
_		age and post fertilization	n age determin	ned?					<u> </u>			
ULTRASOUND												
Full name of physici	ian pe	forming termination										
DR. CAROL DELLI	NGE	₹	, .									
	-	orming termination (num IDIANAPOLIS, IN 462		t, city, state, a	and zip	code)						
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregnar	ncy termination ONROE		
Patient's age**		1	Date of pregn	anov to-	nation	Educa	tion				1		
26	Mai	ried ☐ Yes ■ No		03/24/2016		Educa	non	1	High Scho	ol Diploma or GE	D		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		han six (6),	those me	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination		
res • r	NO				■ None								
T		70 : 11 1: 1	6 .		☐ Hemorrhage ☐ Cervical Laceration								
Fetus viable? Yes I	No	If viable, medical	reason for term	iination:				Пі	nfection	☐ Reta	ined Products		
										_			
Data ta ta ta ta	<i>,</i> •	TC 1						Ц,	Other (Spec	ugy)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									on of pregnancy res	ult in a maternal death?		
								☐ Ye	s 🔳 No	0			
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)				☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Speci				
Wedicai (Noilsu	iigica	i) Other (specify)				Wiedicai	(INOIISU	igicai) C	otilei (speci	ijy)			
		uction Curettage				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgio		Ienstrual Aspiration Other (Specify)							strual Aspıı r <i>(Specify)</i>	ration			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.		
	le or h	nave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at leas	t 20 weeks?		
	_					_		_	,	1			
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	S.	If the previou	is questi	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?			
	_					_	_	_		L v d	4 4 400		
		etermination that the properties of the properti									man had a condition ment to the pregnant		
woman?						woman?							
Date last normal men	nses b	egan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	e fetus (in weeks)		
		01/20/2016				13				11			
How were the gestat													
ULTRASOUND													
Full name of physici DR. CAROL DELLI	-	rforming termination											
		orming termination (num	mber and street	t, city, state.	and zip	code)							
	-	NDIANAPOLIS, IN 46											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE	City or t	town, of pregna BLOOM	ancy terr			County of pregnanc	ey termination NROE	
	_		-			T						
Patient's age** 18	Marri	ed □ Yes ■ No	Date of pregn	nancy termin 03/24/2016		Educa	ntion	ŀ		ol Diploma or GED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	1	Number now living	0				Numb	er now d		0		
Other Termination	s. I	Number of spontaneou		i			Numb	er of ind	uced termin	nations		
		ot include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnancy	y Termination	
☐ Yes ■	No						☐ Uterin	e Perforation				
					☐ Hemorrhage ☐ Cervical Laceration:							
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				— П 1	nfection	— □ Patain	ed Products	
l les E	110										led I foducts	
					Other (Specify)							
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										t in a maternal death?	
								☐ Yes	s 🔳 No)		
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated 1	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsi	urgical)	Mifenristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e.		
Medical (Nonst	urgical)	Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol			
Medical (Nonst	urgical)	Other (Specify)				Medical	(Nonsu	rgical) (Other (Speci	ify)		
Medical (Surgio									on Curettag			
☐ Medical (Surgion Med		enstrual Aspiration							strual Aspir r (<i>Specify</i>)	ration		
	cui) ou	ior (speedy)				Wiediean	Burgio	ur) Gure	Соресцуу			
											_	
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following ques	stion.	
Was the fetus viab	_	ve a post fertilization	age at least 20	weeks?			us viabl		a post fert	ilization age at least	20 weeks?	
	_	s answered yes, comp	lete the followi	ng question	S	_	_	_	nswered ve	es, complete the follo	wing questions	
				9 446341011			_		-	-		
Was the fetus give		est opportunity to surv	ive?				us given Yes		opportunit	y to survive?		
What was the basis	s for de	termination that the pr	egnant woman	n had a cond	lition	What was t	he basis	for deter	mination th	hat the pregnant wom	an had a condition	
		e to avert death or ser				that require				th or serious impairn		
woman:						woman?						
Date last normal me		-		Physician	estimate	e of gestation (in weeks	:)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestat		/28/2016 ge and post fertilization	n age determin	ned?		6				4		
ULTRASOUND		5- mia post fortinzant	450 00001111111									
L												
Full name of physic	ian perf	orming termination									1	
DR. CAROL DELLI	_	-										
	-	ming termination (nu.		t, city, state,	, and zip	code)						
200 S. MERIDIAN	ST, INI	DIANAPOLIS, IN 46	225									
**Date Reported	to DCS	s, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
21 Yes No	ancy termination 03/24/2016	Educa	tion		ol Diploma or GED				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afri	can American	☐ Un		nnic or Latino Hispanic or Latino				
Live Births: Number now living 0			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	-				
Dates of terminations (Do not include this termination. If more to	han six (6), those n	nost recent.)			0				
I		4		5 Complic	eation(s) of Pregnancy Termination				
Yes No	cu.			■ None	☐ Uterine Perforation				
		Hemorrhage Cervica							
Fetus viable? If viable, medical reason for term Yes No	ination:			☐ Infection	Retained Products				
		Other (Specify)							
Pathological examination If yes, results:		Office (Specify)							
performed?				D'141' 4 ' 4'	6 11 10				
les la No				Yes No	on of pregnancy result in a maternal death?				
	Type of Term	ination Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	egnancy				
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol	e				
■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify)				rgical) Other (Spec					
Medical (Surgical) Suction Curettage				al) Suction Curetta					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)				al) Menstrual Aspir al) Other (Specify)	ration				
				, (1 33)					
For Medical (Surgical) procedures, answer the following question	on.	For Medical ((Surgica	l) procedures, answ	er the following question.				
Was the fetus viable or have a post fertilization age at least 20			_	-	ilization age at least 20 weeks?				
Yes No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes [manion ago at reast 20 meets.				
If the previous question was answered yes, complete the following	ng questions.	If the previou	is questi	on was answered ye	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition				
that required the procedure to avert death or serious impairmen woman?	it to the pregnant	that require woman?	d the pro	ocedure to avert dea	th or serious impairment to the pregnant				
		1							
Date last normal menses began	Physician estima	•	in weeks	Post fe	rtilization age of the fetus (in weeks)				
02/03/2016 How were the gestational age and post fertilization age determin	ed?	6			4				
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street	t, city, state, and zi	o code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	O (PP		1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of preg	nancy MON			
Patient's age** 35	Marri	ed □ Yes ■ No	Date of pregn	nancy termina		Educa	tion	ŀ	High Scho	ol Diploma or (GED			
Race American Indiana Native Hawaiian o		aska Native [Asian White			an American	☐ Un	known	Ethnicity Hispa			□ Unknown		
Live Births:	1	Number now living	3				Numb	er now d	eceased	0				
Other Terminations:	I	Number of spontaneous	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of terminations	(Do n	ot include this termina		than six (6), t	hose me	ost recent.)								
1		2				4		5	Complia	eation(s) of Pregr	ancy	Termination		
Fetus delivered alive? ☐ Yes ■ No	O	If yes, length of tin	ne fetus surviv	ved:					•	_	•			
					■ None									
Fetus viable?		If viable, medical r	eason for term	nination:	Hemorrhage									
☐ Yes ■ No	О							☐ I	nfection	☐ R	etaine	d Products		
									Other (Spec	cify)				
Pathological examinat performed?	ion	If yes, results:												
Yes N	О							Did this	s termination	on of pregnancy	result	in a maternal death?		
								☐ Yes	s 🔳 No)				
Type of Termination Procedures														
Procedure that Termin	ated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	regnancy				
Medical (Nonsurg									lifepriston					
☐ Medical (Nonsurg									Iisoprostol Other (<i>Spec</i>					
Madical (Sumaical	1) С.,	ation Cumattaga				Medical (Surgical) Suction Curettage								
	l) Me	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspin					
Medical (Surgical	l) Ot	her (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgical)) proc	edures, answer the followed	lowing question	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following	quest	ion.		
		ve a post fertilization a	age at least 20	weeks?					a post fert	ilization age at le	east 20) weeks?		
☐ Yes ■						_	Yes [_						
If the previous questio	n wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the	follow	ving questions.		
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?				
What was the basis f	or de	termination that the pro	egnant woman	had a condit	tion	What was th	ne basis	for deter	mination tl	hat the pregnant	woma	n had a condition		
		e to avert death or serie										ent to the pregnant		
woman:						woman:								
				T =					1 -					
Date last normal mens		gan 2/07/2016		Physician	estimate	e of gestation (i 8	n weeks	<i>i)</i>	Post fe	rtilization age of	the fe	etus (in weeks)		
How were the gestatio		<u>-</u>			_I		-							
ULTRASOUND														
Full name of physician DR. CAROL DELLIN	_	-												
Address of physician p			nber and stree	t, city, state,	and zip	code)								
200 S. MERIDIAN ST	T, INI	DIANAPOLIS, IN 462	225											
**Date Reported to DCS, if Patient under 14 (month, day, year):														
Date Reported to	DC?	, ii i auent under 14	monin, aay,	yeur)						-				

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnan	cy termination DNROE	
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	tion					
Patient's age** 42	Maı	ried ☐ Yes ■ No		nancy termin 03/24/2016		Educa	wi0II		Bach	elor's Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black	or Africa	an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	1		
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations		
Dates of termination UNKNOWN	s (Do	not include this termina		than six (6),		ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	ved:					Complic	ation(s) of Pregnand	cy Termination	
☐ Yes ■ I	No				■ None ☐ Uterine Per							
					Hemorrhage Cervical Lacera							
Fetus viable?		If viable, medical	reason for term	nination:					Ü	_		
☐ Yes ■ I	No							□ I	nfection	☐ Retai	ned Products	
									Other (Spec	ify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							on of pregnancy resu	Ilt in a maternal death?			
								☐ Yes				
				Туре о	of Termin	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy		
Medical (Nonsu		•							//////////////////////////////////////	•		
Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsu	rgical) N	Iisoprostol			
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)		
		uction Curettage							on Curettag			
☐ Medical (Surgion Med		Menstrual Aspiration Other (Specify)							strual Aspir r (Specify)	ration		
	, .	(=F==95)					(~~~~~~	,	(~F55))			
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.	
	le or l	nave a post fertilization	age at least 20	weeks?		_	us viabl Yes [_	a post fert	ilization age at least	20 weeks?	
If the previous quest	– ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give	n the	best opportunity to surv	ive?			Was the fet	us giver	n the best	opportunit	y to survive?		
☐ Yes ☐] No)					Yes [No				
		etermination that the pr									man had a condition	
woman?	oceai	are to avert death or seri	ious impairmer	it to the preg	gnant	woman?	a the pr	ocedure t	o avert dea	in or serious impair	ment to the pregnant	
Date last normal men	nsec L	negan		Physician	estimate	e of gestation (in wool-	r)	Post for	rtilization age of the	fetus (in waaks)	
Dute fast normal iller		02/07/2016		1 mysiciali	Commatt	6 gestation	ii weeks	•/	1 031 101	tunization age of the	ious (in weeks)	
How were the gestat												
ULTRASOUND												
Full name of physici DR. CAROL DELLI	_	rforming termination										
	-	orming termination (num		t, city, state,	and zip	code)						
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Patient's age**	3.	. ,	Date of pregn	ancy termi-	nation	Educa	ition				1		
Patient's age** 22	Mar	ried □ Yes ■ No		nancy termin 03/24/2016		Educa	iiiOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 2			
Dates of termination UNKNOWN	s (Do	not include this termin	ation. If more th	han six (6),	those mo	ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No				■ None ☐ Uterine Perfo								
					☐ Hemorrhage ☐ Cervical Lacerati								
Fetus viable?	NT _	If viable, medical	reason for term	nination:	☐ Infection ☐ Retained Products								
☐ Yes ■ I	NO							Ц,	niection	☐ Retain	ied Products		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did thi	s terminatio	on of pregnancy resu	It in a maternal death?		
								☐ Ye					
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
■ Medical (Nonsu	roica) Mifenristone				☐ Medical	(Nonsu	roical) N	//////////////////////////////////////	e			
Medical (Nonsu	ırgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol				
☐ Medical (Nonsu	irgica) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)			
		uction Curettage				Medical (Surgical) Suction Curettage							
☐ Medical (Surgion ☐ Medical (Surgion ☐ Medical (Surgion ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Ienstrual Aspiration other (Specify)							strual Aspii r (<i>Specif</i> y)	ration			
	,	(<i></i>					(~ 8	,	- (~p 5)))				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	stion.		
	le or h	ave a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
What was the basis	ford	etermination that the pr	egnant woman	had a condi	ition	What was t	he hasis	for deter	mination th	hat the pregnant won	nan had a condition		
that required the pr		re to avert death or seri				that require				th or serious impairs			
woman?						woman?							
						<u> </u>							
Date last normal mer		•		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)		
How word the		2/04/2016	n aga data'	 		7				5			
ULTRASOUND	age and post fertilization	n age uetermin	ieu :										
Full name of physici DR. CAROL DELLI	-	•											
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregna	ancy termin			County of preg	nancy MONI	
Defice of the state			D-4 C		-4:.	l n i	-4:					
Patient's age** 20	Marrie [ed Yes No	Date of pregr	03/25/2016		Educa	u10fl			ollege, No Deg	ree	
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ☐ White	Black o	or Africa	n American	Unkn		☐ Not I	/ anic or Latino Hispanic or Latin	10	Unknown
Live Births:	N	umber now living	0				Number	now de	eceased	0		
Other Termination	s: N	umber of spontaneou	us terminations	3			Number	of indu	iced termi	nations 0		
Dates of termination			v			st recent.)	1			<u> </u>		
Fetus delivered alive		If yes, length of ti			4	•		5	Complic	cation(s) of Pregr	nancy 7	Termination
Yes •		ii yes, leligili oi ti	me ietus suiviv	veu.				■ N	•	_	•	Perforation
					Hemorrhage Cervical Lac							
Fetus viable?		If viable, medical	reason for term	nination:								
Yes • 1	No				☐ Infection ☐ Retained Products							
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result i	n a maternal death?
							L	Yes	■ N	0		
				Tu	f Ta:	ation Deca-3	rac					
p : : =				1 ype of	ı remin	ation Procedu		=				
Procedure that Term		•				Additional P	rocedure th	hat Teri	minated Pi	regnancy		
Medical (NonsuMedical (Nonsu							(Nonsurgi					
Medical (Nonsu							(Nonsurgi					
Medical (Surgio							(Surgical)					
Medical (Surgio		nstrual Aspiration er (Specify)					(Surgical) (Surgical)			ration		
	,					_	, ,		. 1			
For Medical (Surgic	al) proce	edures, answer the fo	llowing questic			For Medical	(Surgical)	proced	ures, answ	ver the following	questio	on.
	_	ve a post fertilization						_		tilization age at 1	_	
	□ No	e a post fortingation	age at least 20	weeks.			Yes		u post teri	inization ago at 1	cust 20	weeks.
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previou	us question	ı was aı	nswered ye	es, complete the	followi	ng questions.
	n the bes	st opportunity to surv	vive?				tus given th Yes		opportuni	ty to survive?		
	_	ermination that the p	regnant women	n had a condit	tion	_	_		mination t	hat the pregnant	Womar	n had a condition
that required the pr		to avert death or ser				that require						nt to the pregnant
woman?						woman?						
Data lost no1	neas 1			Dlavoi - : - :	ootim	of goataties (in 11.001-1		Doct f	rtilization (tha f	ne (in weeks)
Date last normal me	_	an (22/2016		rnysician	esumate	of gestation (ın weeks)		Post fe	rtilization age of	the fet	us (in weeks)
How were the gestat												
ULTRASOUND												
Full name of physici	an nerfo	rming termination										
DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
	,		-									
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Dations 2			D-4 C		-4:.	Ini	4:						
Patient's age**	Marrie [ed ☐ Yes ■ No	Date of pregr	03/25/2016		Educa	ition	ŀ		ool Diploma or (GED		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black o	or Africa	an American	☐ Unk	nown		/ anic or Latino Hispanic or Latin	10	Unknown	
Live Births:	N	umber now living	1				Numbe	r now d	eceased	0			
Other Termination	s: N	umber of spontaneou	us terminations	3			Numbe	r of indu	uced termi				
Dates of termination			v			ost recent.)				0			
Fetus delivered alive		If yes, length of ti			4	·		_ 5	Complie	cation(s) of Pregr	nancy 7	Termination	
Yes I		in yes, rengar or a	ino retas sur viv			■ None Uterine Perforati							
							Hemorrhag			Laceration			
Fetus viable?		If viable, medical											
☐ Yes ■ 1	No					∐ Iı	nfection	∐ R	etainec	l Products			
								Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									result i	n a maternal death?		
							☐ Yes	s ■ N	0				
				Type of	f Tarmin	nation Procedu	rac						
5 1 1 5				Type of	1 Terrini								
Procedure that Term		•				Additional P	rocedure 1	that Teri	minated Pi	regnancy			
Medical (NonsuMedical (Nonsu									lifepriston lisoprosto				
Medical (Nonsu									ther (Spec				
Medical (Surgio	cal) Suc	tion Curettage				Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration							
Medical (Surgio		nstrual Aspiration er (Specify)							strual Aspi (Specify)	ration			
(Surgra	, ou	or (opecay)					(Surgreum	., оше	(Speedy)				
For Medical (Surgic	al) proce	edures answer the fo	llowing question			For Medical (Surgical) procedures, answer the following question.							
							_	_		_	-		
	No No	re a post fertilization	age at least 20	weeks?			Yes		a post ter	tilization age at l	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previou	is questio	n was a	nswered y	es, complete the	followi	ng questions.	
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?			
What was the basis	s for dete	ermination that the p	regnant woman	n had a condi	tion	What was t	he basis f	or deter	mination t	hat the pregnant	womar	had a condition	
that required the property woman?	rocedure	to avert death or ser	ious impairme	nt to the preg	gnant	that require woman?	d the prod	cedure t	o avert dea	ath or serious imp	pairme	nt to the pregnant	
						5111111							
Date last normal me	nses has	an		Physician	estimata	of gestation (in weeks		Post fo	rtilization age of	the for	us (in waaks)	
Date last normal me	_	an KNOWN		1 Hysician	commate	7	in weeks)		1 081 16	amzanon age oi	5	as (iii weeks)	
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					•				
ULTRASOUND	JL I KASOUND												
Full name of physici	an nerfo	rming termination											
DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE Ci	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termina MONROE							
Patient's age**	3.5	:a	Date of pregr	nancy terminat	tion	Educat	tion					
28	Marı	Yes No		03/31/2016	tion	Educa	tion	Вас	helor's Degree			
Race American Indiana Native Hawaiian		-	Asian White	☐ Black or	r Afric	an American	Unknown		y panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Number now	deceased	0			
Other Terminations	s:	Number of spontaneous	s terminations				Number of in	duced term	inations 0			
Dates of terminations UNKNOWN	s (Do	not include this termina		than six (6), th		ost recent.)	5.		6			
Fetus delivered alive	?	If yes, length of tin				4.	3.		cation(s) of Pregnanc	cy Termination		
☐ Yes ■ N	No					■ None ☐ Uterine Perforation						
								Hemorrhag	ge 🔲 Cervi	cal Laceration		
Fetus viable? Yes N	No	If viable, medical r	eason for term	nination:				Infection	☐ Retai	ned Products		
								Other (Spe	ecify)			
Pathological examina	ation	If yes, results:						· · · · · · · · · · · · · · · · · · ·	- 337			
performed?	No						Did th	nis terminati	ion of pregnancy resu	ult in a maternal death?		
Yes ■ No Did this termination of pregnancy result in a maternal death Yes ■ No										in in a maternar death:		
				Type of 7	Termiı	nation Procedur	res					
Procedure that Termi	inated	Pregnancy				Additional Pr	rocedure that T	erminated P	regnancy			
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)					
		Other (Specify)					(Nonsurgical)					
Medical (Surgic							(Surgical) Suc					
☐ Medical (Surgic ☐ Medical (Surgic		enstrual Aspiration ther (Specify)					(Surgical) Me (Surgical) Oth					
For Medical (Surgica	al) pro	cedures, answer the following	lowing question	on.		For Medical ((Surgical) proc	edures, ansv	wer the following que	estion.		
Was the fetus viabl	le or h	ave a post fertilization a	ige at least 20	weeks?					tilization age at least			
☐ Yes [1	C				Yes No	1	C			
If the previous questi	ion wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered y	ves, complete the follows	owing questions.		
	n the b	est opportunity to survi	ve?				us given the be Yes No	st opportun	ity to survive?			
		etermination that the pro-	egnant women	n had a conditie	on	_	_	ermination	that the pregnant wor	nan had a condition		
		re to avert death or serie							ath or serious impair			
woman:						woman:						
Date last normal mer	nses b	egan		Physician es	stimate	e of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in weeks)		
	0	2/06/2016				7		2 350 1	5	(SEE (SEE WOOLD)		
How were the gestational age and post fertilization age determined? JLTRASOUND												
22.10.000.12												
Full name of physicia												
DR. CAROL DELLII		rming termination (nun	ther and street	t city state a	ınd zir	code)						
	-	DIANAPOLIS, IN 462		., сыу, ыше, и	Lip							
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 4:	21 SOUTH COLL	LEGE C	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
Patient's age**	3.6		Date of pregr	nancy termina	tion	Educat	tion				
31	Mai	ried ☐ Yes ■ No		03/31/2016	ition	Educa	tion	High Sch	nool Diploma or GE	D	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black or ☐ Other	r Afric	an American	Unknown	☐ Not	ity panic or Latino t Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Number now	deceased	0		
Other Termination	ıs:	Number of spontaneou	us terminations				Number of ir	iduced term	ninations 0		
Dates of termination	ns (Do	not include this termin				ost recent.)					
Fetus delivered alive	a?	If yes, length of ti	me fetus survix			4	5.		lication(s) of Pregnan	cy Termination	
Yes T		in yes, length of th	ine retus sur viv	·ca.		■ None ☐ Uterine Perfora					
							$\prod_{i=1}^{n}$	Hemorrha	nge ∏ Cerv	ical Laceration	
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Infection	_	ined Products	
	110							Other (Sp	_		
Pathological examin	nation	If yes, results:				$-$ \Box	Other (Sp	ecgy)			
performed?										11.10	
☐ Yes ■ No									tion of pregnancy res No	ult in a maternal death?	
☐ Yes ■ No											
				Type of	Termi	nation Procedur	res				
Procedure that Term	ninated	l Pregnancy				Additional Pr	ocedure that T	erminated	Pregnancy		
Medical (Nonsu	urgica) Mifepristone				☐ Medical	(Nonsurgical)	Mifepristo	one		
Medical (Nonsu Medical (Nonsu		Misoprostol Other (Specify)					(Nonsurgical) (Nonsurgical)				
_ `	Ü	, (1 33)				_	, ,	. 1			
Medical (Surgi	cal) S	uction Curettage				☐ Medical	(Surgical) Suc	ction Curet	tage		
☐ Medical (Surgio	cal) N	Ienstrual Aspiration				☐ Medical	(Surgical) Me	nstrual Asj	piration		
Medical (Surgio	cai) C	otner (<i>Specify)</i>				Medical	(Surgical) Oth	ier (<i>Specif</i>)	v)		
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing question	on.					swer the following qu		
Was the fetus viab		ave a post fertilization	age at least 20	weeks?			us viable or ha Yes 🔲 No	ve a post fe	ertilization age at leas	t 20 weeks?	
If the previous quest	tion w	as answered yes, comp	lete the followi	ng questions.		If the previou	s question was	answered	yes, complete the foll	owing questions.	
		pest opportunity to surv		<i>C</i> 1		_			nity to survive?		
	☐ No		110.				Yes No	эт оррогия	inty to survive.		
		etermination that the p							that the pregnant wo		
woman?	roceat	ire to avert death or ser	ious impairmei	nt to the pregn	iant	woman?	a tne procedure	e to avert d	eath or serious impair	ment to the pregnant	
Date last normal me		•		Physician e	stimat	e of gestation (i	n weeks)	Post	fertilization age of the	e fetus (in weeks)	
02/14/2016 6 4 How were the gestational age and post fertilization age determined?											
JLTRASOUND											
L											
		rforming termination									
DR. CAROL DELLI Address of physician		orming termination (nu	mber and stree	t, city, state. a	ınd zip	code)					
	-	NDIANAPOLIS, IN 46		<i></i>	~.1						
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or t	County of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					
Patient's age** 20	Mar	ried	Date of pregn	nancy termina 03/31/2016		Educa	tion		Some Co	ollege, No Degree	e
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	0					er now d		0	
Other Terminations	s:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 1	
Dates of terminations 01/29/2011	s (Do	not include this termina	•	than six (6), t	those mo	ost recent.)					
Fetus delivered alive	?	If yes, length of tin	ae fetus surviv	ved:		4		5	Complic	ation(s) of Pregna	ncy Termination
☐ Yes ■ N		, , , , , ,			■ None ☐ Uterine Perforation						
								_ 	Hemorrhage	— · □ Cer	vical Laceration
Fetus viable? ☐ Yes ■ N	To.	If viable, medical r	eason for term			C	_				
☐ Yes ■ N	NO							nfection	_	ained Products	
		70 1					Other (Spec	ify)			
Pathological examina performed?	ition	If yes, results:									
☐ Yes ■ No ☐ Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No										sult in a maternal death?	
i res ■ No											
Type of Termination Procedures											
				1 ype of	ı rermii						
Procedure that Termi	nated	Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	egnancy	
Medical (NonsurMedical (Nonsur									Aifepristone Aisoprostol	e	
) Other (Specify)							Other (Speci	fy)	
Medical (Surgical	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag		
	al) N	Ienstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspir r (Specify)		
Wiedicai (Surgica	ai) C	uner (specify)				Wiedical	(Surgic	ai) Ouie	і (зресіду)		
For Medical (Surgica	l) pro	ocedures, answer the following	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	uestion.
Was the fetus viable		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes		a post ferti	ilization age at lea	st 20 weeks?
						_		_	1	1 4 4 6	
•		as answered yes, comple		ng questions	•	•	•		•	·	llowing questions.
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
What was the basis	for d	etermination that the pro	egnant woman	had a condit	tion	What was t	he hasis	for deter	mination th	nat the pregnant we	oman had a condition
that required the pro		re to avert death or serie				that require					irment to the pregnant
woman?						woman?					
				,							
Date last normal men		egan 2/14/2016		Physician	estimate	e of gestation (a	in weeks	5)	Post fer	tilization age of th	ne fetus (in weeks)
How were the gestati		age and post fertilization	n age determin	l ned?							
ULTRASOUND											
Full name of physicia	_	-									
DR. CAROL DELLIN		rming termination (num	aber and stree	t, city, state	and zip	code)					
= -	_	IDIANAPOLIS, IN 462									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	_EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						·				
Datient's aga**			Date of man	anov toma:	nation	T.A	ation					
Patient's age** 23	Marı	ried ☐ Yes ■ No	Date of pregn	nancy termin 03/31/2016		Educ	аноп		Bach	elor's Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	ıs:	Number of spontaneou				Number of induced terminations						
Dates of termination 1. 01/08/2016	ns (Do	not include this termin	ation. If more t	than six (6),	those m	ost recent.)	<u> </u>	5		6		
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	/ed:					Complic	ration(s) of Pregnanc	y Termination	
☐ Yes ■	No							■ 1	None	☐ Uterir	ne Perforation	
									Hemorrhage	e \square Cervi	cal Laceration	
Fetus viable?	If viable, medical	reason for term	nination:					C	_			
☐ Yes ■								nfection	_	ned Products		
								Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this			It in a maternal death?	
								☐ Yes	s 🔳 No)		
				Туре	of Termi	nation Procedu	ıres					
Procedure that Term	inated	Pregnancy				Additional F	rocedur	e that Ter	minated Pr	egnancy		
Medical (Nonsu	ırgical) Mifepristone				☐ Medica	l (Nonsu	ırgical) N	//////////////////////////////////////	e		
Medical (Nonsu	urgical) Misoprostol				☐ Medica	l (Nonsu	rgical) N	/lisoprostol			
Medical (Nonst	urgicai	Other (Specify)				Medica	I (INONSU	irgical) C	Other (Speci	ify)		
Medical (Surgio									on Curettag			
☐ Medical (Surgional Description ☐ Medical Description		enstrual Aspiration ther (Specify)							strual Aspir r (<i>Specif</i> y)	ration		
	ŕ											
	-1)	1 41 - f-	11 :				(C:-	-1)	1	41 - 6-11		
		cedures, answer the fo	• 1			For Medical	(Surgica	al) procec	lures, answ	er the following que	stion.	
Was the fetus viab ☐ Yes [_	ave a post fertilization	age at least 20	weeks?			tus viabl Yes [a post fert	ilization age at least	20 weeks?	
If the previous quest	tion wa	is answered yes, comp	lete the followi	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give ☐ Yes [est opportunity to surv	vive?				tus giver Yes [opportunit	y to survive?		
		etermination that the p	raanant woms	had a comi	ition	_	_		mination 4	nat the pregnant won	an had a condition	
that required the pr		re to avert death or ser				that requir				th or serious impairr		
woman?						woman?						
L						<u>I</u>						
Date last normal me	nses be	egan		Physician	estimate	e of gestation	in week.	s)	Post fer	rtilization age of the	fetus (in weeks)	
77		2/14/2016	4	10		6				4		
How were the gestat ULTRASOUND	How were the gestational age and post fertilization age determined?											
SETTAGOUND												
Full name of physici	ian ner	forming termination										
DR. CAROL DELLI	-	-										
	-	rming termination (nu		t, city, state,	, and zip	code)						
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225									
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termin MONROE								
23 Yes No	nancy termination 03/31/2016	Educat	tion		ol Diploma or GED					
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Unl		unic or Latino Hispanic or Latino					
Live Births: Number now living 2			Numbe	er now deceased	0					
Other Terminations: Number of spontaneous terminations 0			Numbe	er of induced termin	-					
Dates of terminations (Do not include this termination. If more t		nost recent.)		5	6.					
Fetus delivered alive? If yes, length of time fetus surviv				Complic	ration(s) of Pregnancy Termination					
les le No				None	☐ Uterine Perforation					
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	_					
☐ Yes ■ No				☐ Infection	Retained Products					
Pathological examination If yes, results:				Other (Spec	rfy)					
performed?		Did this termination of pregnancy result in a matern								
				Yes No	1 0 1					
	True of T-	ination Procedur	*05							
Dropped up a that Tamping to 3 Dropped up		that Tarrier (1.D.	2222							
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone				that Terminated Pregical) Mifepriston						
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsur	gical) Misoprostol gical) Other (Speci						
Interior (consultation)			(11011541	groun, outer (speed	997					
Medical (Surgical) Suction Curettage				al) Suction Curettag						
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)				nl) Menstrual Aspir nl) Other (Specify)	ration					
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgical	l) procedures, answ	er the following question.					
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?		us viable Yes 🗀		ilization age at least 20 weeks?					
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questio	on was answered ye	es, complete the following questions.					
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	y to survive?					
What was the basis for determination that the pregnant woman					nat the pregnant woman had a condition					
that required the procedure to avert death or serious impairmer woman?	it to the pregnant	woman?	a tne pro	ocedure to avert dea	th or serious impairment to the pregnant					
	I no · · · ·) [
Date last normal menses began 02/11/2016	Physician estimat	te of gestation (i	n weeks,	Post fe	rtilization age of the fetus (in weeks) 5					
How were the gestational age and post fertilization age determin ULTRASOUND	ned?									
<u></u>										
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (number and stree) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	o code)								
**Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
Patient's age** 24	Mar	ried No	Date of pregn	nancy termina 03/31/2016		Educa	tion		Some Co	ollege, No Degree	,
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Terminations	:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations	(Do	not include this termina	v	than six (6), t	those mo	ost recent.)					
I		2		1		4		5	Complic	ation(s) of Pregnar	acy Termination
Fetus delivered alive? Yes N		If yes, length of tin	ie ietus surviv	ed:					•	_	
									None	_	ine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🗌 Cerv	vical Laceration
☐ Yes ■ N	lo							☐ I	nfection	Reta	ined Products
									Other (Spec	ify)	
Pathological examina	tion	If yes, results:									
performed? ☐ Yes ■ No Did thi										on of pregnancy res	ult in a maternal death?
			☐ Yes								
				Type of	f Termii	nation Procedu	res				
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy	
☐ Medical (Nonsur	rgical) Mifepristone				☐ Medical	(Nonsu	rgical) M	//////////////////////////////////////	e	
☐ Medical (Nonsur ☐ Medical (Nonsur									Aisoprostol Other (Speci	ify)	
	. g. v) Seller (Speedy)					(1 (01154	191011)	outer (Spee)	997	
Medical (Surgical Medical (Surgical Medical (Surgical Medical (Surgical Medical Medica		action Curettage Senstrual Aspiration							on Curettag strual Aspir		
Medical (Surgica	al) O	ther (Specify)				☐ Medical	(Surgic	al) Other	r (Specify)		
For Medical (Surgical	l) pro	cedures, answer the following	owing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.
Was the fetus viable	e or h	ave a post fertilization a	ige at least 20	weeks?		Was the fet	us viabl	e or have	a post ferti	ilization age at leas	st 20 weeks?
☐ Yes ■			<i>G</i>				Yes [
If the previous question	on wa	as answered yes, comple	ete the following	ng questions		If the previou	ıs questi	ion was a	nswered ye	s, complete the fol	lowing questions.
		est opportunity to survi	ve?						opportunit	y to survive?	
☐ Yes ☐] No						Yes [No			
		etermination that the pro re to avert death or serio									oman had a condition rment to the pregnant
woman?	ccau	ie to avert death of serio	ous impairmer	it to the preg	,iiaiit	woman?	d the pr	occuure t	o avert dea	ui oi serious impai	inient to the pregnant
Date last normal men	ses b	egan		Physician	estimate	e of gestation (in weeks	5)	Post fer	tilization age of th	e fetus (in weeks)
-		2/09/2016				6				4	
How were the gestation	How were the gestational age and post fertilization age determined?										
ZETIAGOUND											
Full name of physicia	ın per	forming termination									
DR. CAROL DELLIN	IGE	₹									
= -	_	orming termination (num		t, city, state,	and zip	code)					
200 S. WERIDIAN S	, IIV	IDIANAFOLIS, IN 462									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	EGE (City or t	ty or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** N	1arrie	d Yes No	Date of pregn	nancy termina 03/31/2016		Educa	tion		Bach	elor's Degree				
Race American Indiana of Native Hawaiian or	Othe	r Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not H	nic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	N	umber now living	1				Numb	er now d	eceased	0				
Other Terminations:	N	umber of spontaneous	s terminations 0				Numb	er of ind	uced termir	nations 0				
Dates of terminations (A	Do no	ot include this termina		than six (6), to	hose me	ost recent.)	t recent.)							
l	2					4		5	Complia	6	Towningtion			
Fetus delivered alive? Yes No		If yes, length of tin	ne fetus surviv	ved:					•	ation(s) of Pregnan	•			
								• N	None	∐ Uteri	ne Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e	ical Laceration			
☐ Yes ■ No								☐ I	nfection	☐ Retai	ned Products			
									Other (Spec	ify)				
Pathological examination	on	If yes, results:												
performed? ☐ Yes ■ No								Didthi	, tamainatia	of meaning and a	alt in a matamal death?			
☐ Yes No Did this termination of pregnancy result in a maternal death? Yes No														
Type of Termination Procedures														
Procedure that Termina	ted P	regnancy				Additional Pr		that Ter	minated Pr	egnancy				
_		•								•				
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi									Aifepristone Aisoprostol					
☐ Medical (Nonsurgi	cal)	Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)				
Medical (Surgical)	Suc	tion Curettage							on Curettag					
☐ Medical (Surgical) ☐ Medical (Surgical)									strual Aspir r (Specify)	ration				
in Medical (Surgical)	Our	ci (specify)				Wiedicar	(Burgie	ar) Ourc	(вресцу)					
For Medical (Surgical)	proce	edures, answer the following	owing question	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.			
Was the fetus viable of Yes ■		e a post fertilization a	ige at least 20	weeks?			us viabl Yes [a post ferti	ilization age at least	20 weeks?			
						_	_	_						
If the previous question	was	answered yes, comple	ete the followi	ng questions.		If the previou	is questi	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus given th ☐ Yes ☐		st opportunity to survi	ve?				us giver Yes [opportunit	y to survive?				
		t de de ca		1 1 10	. •	_	_	_			1 1 10			
What was the basis fo that required the proce											man had a condition ment to the pregnant			
woman?						woman?								
Date last normal mense	_			Physician o	estimate	e of gestation (i	in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)			
H		07/2016		- 10		7				5				
How were the gestation ULTRASOUND	How were the gestational age and post fertilization age determined?													
ZETTAGOGIA														
Full name of physician	perfo	rming termination												
DR. CAROL DELLING	_													
Address of physician pe		-		t, city, state,	and zip	code)								
200 S. MERIDIAN ST.	, IND	MANAPOLIS, IN 462	£25											
**Date Reported to I	DCS,	if Patient under 14	(month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGAVENUE, BLOOMINGTON, IN, 47403	GE City or	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termina MONROE							
<u>, </u>									
19 Yes No 03	ncy termination 3/31/2016	Educa	tion		ollege, No Degree				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Uni		nnic or Latino Hispanic or Latino				
Live Births: Number now living 0			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	nations				
Dates of terminations (Do not include this termination. If more the	an six (6), those n	nost recent.)			0				
1 2 3		4		5	6				
Fetus delivered alive? Yes No If yes, length of time fetus survived	d:			Complic	eation(s) of Pregnancy Termination				
				None	☐ Uterine Perforation				
Fetus viable? If viable, medical reason for termin	nation:			☐ Hemorrhage	e				
☐ Yes ■ No				☐ Infection	☐ Retained Products				
				Other (Spec	cify)				
Pathological examination If yes, results:									
performed?				Did this termination	on of pregnancy result in a maternal death?				
		Yes No							
					1				
	Type of Term	ination Procedu	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsu	rgical) Misoprostol					
Frederical (Nonsergeen) Siner (Specify)		Wiedicar	(1 tonsu	igical) Giller (Speed	937				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical	al) Suction Curetta; al) Menstrual Aspir					
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical	al) Other (Specify)					
For Medical (Surgical) procedures, answer the following question		For Medical (Surgica	l) procedures, answ	er the following question.				
Was the fetus viable or have a post fertilization age at least 20 w ☐ Yes ■ No	eeks?		us viable Yes		ilization age at least 20 weeks?				
If the previous question was answered yes, complete the following	g questions.				es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman h	nad a condition	What was th	ne basis	for determination th	hat the pregnant woman had a condition				
that required the procedure to avert death or serious impairment woman?					ath or serious impairment to the pregnant				
		"Officialities							
Data last normal manage have	Dhygisi	to of gaster' (1) <u> </u>	utilization and of the feture (;)				
Date last normal menses began 01/13/2016	Physician estima	te of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 8				
How were the gestational age and post fertilization age determined	d?			I					
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street,	city, state, and zip	p code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation						
32	Mai	ried Yes No		03/31/2016		Lauc			Bach	elor's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Africa	an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		than six (6),	those mo	ost recent.)	1						
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
								• 1	None	☐ Uter	ine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhag	e 🗌 Cerv	rical Laceration		
☐ Yes ■ I	No							□ I	nfection	Reta	ined Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed?	N.T							=					
☐ Yes ■	No							Did this		on of pregnancy res	ult in a maternal death?		
		•											
				Type o	of Termi	nation Procedu	ıres						
Drogodyna that Ta	inat-	1 Dragnan av		1,700	- 5			a that T-	minoto 1 D	rognong.			
Procedure that Term						Additional F				•			
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medica	l (Surgic	al) Sucti	on Curetta	ge			
	al) N	Ienstrual Aspiration				☐ Medica	l (Surgic	al) Mens	strual Aspii	ration			
Medicai (Surgio	ai) C	инег (зресцу)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.		
		nave a post fertilization	age at least 20	weeks?			_	_	a post fert	ilization age at leas	t 20 weeks?		
☐ Yes [■ No)					Yes	_ No					
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	S.	If the previo	us quest	ion was a	nswered ye	es, complete the fol	lowing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?					_	opportunit	y to survive?			
						_	Yes [
		letermination that the pa are to avert death or seri									man had a condition rment to the pregnant		
woman?			•	1		woman?	•			1	1 0		
Date last normal men	nses t	egan		Physician	estimate	e of gestation	in week.	s)	Post fe	rtilization age of th	e fetus (in weeks)		
		02/08/2016				6				4			
How were the gestational age and post fertilization age determined? ULTRASOUND													
JET NASOUND													
Full name of above: -:	on ac	rforming tormination											
DR. CAROL DELLI	_	rforming termination R											
	-	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPCS	SI) (MONROE CO.) - 42 7403	EGE T T T T T T T T T T T T T T T T T T					County of pregnancy termination MONROE		
D			D			T = 2				
Patient's age** 32	Marrie [d Yes • No	Date of pregna	ancy termina 03/31/2016		Educa	tion			elor's Degree
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black o	or African	American		known	Ethnicity Hispa	nic or Latino I Unknown
Live Births:		umber now living	<u> </u>	- Other				er now de		O CIRCIOWII
Other Termination	ns: N	umber of spontaneou					Numb	er of indu	ced termin	
Dates of termination 03/31/2006	ns (Do no	t include this termin				recent.)				
Fetus delivered alive	²	If yes, length of ti		ad:	4			5	Complica	ation(s) of Pregnancy Termination
Yes Yes		if yes, length of the	me retus survivo	cu.				■ N	•	Uterine Perforation
								H	lemorrhage	Cervical Laceration
Fetus viable? Yes	No	If viable, medical	reason for term	ination:				☐ Ir	nfection	☐ Retained Products
									ther (Speci	ify)
Pathological examin	nation	If yes, results:								
performed?	No							Did this		n of pregnancy result in a maternal death
								☐ Yes	■ No	
				Tr. f	6 T-	: P 1				
D =				Type of		ion Procedu				
Procedure that Term					A	Additional Pr —				
Medical (Nonsu Medical (Nonsu	urgical)	Misoprostol				Medical	(Nonsu	rgical) M	lifepristone lisoprostol	
Medical (Nonsu	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) O	ther (Speci	fy)
Medical (Surgio		tion Curettage astrual Aspiration				Medical	(Surgic	al) Mens	on Curettag trual Aspir	
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical	(Surgic	al) Other	(Specify)	
For Medical (Surgic	al) proce	dures, answer the fo	llowing question	n.	F	For Medical ((Surgica	al) proced	ures, answe	er the following question.
	ole or hav	e a post fertilization	age at least 20 v	weeks?			us viabl Yes 🏻 🖺		a post ferti	lization age at least 20 weeks?
If the previous quest	tion was	answered yes, comp	lete the followir	ng questions	. If	f the previou	ıs questi	ion was ar	nswered ye	s, complete the following questions.
Was the fetus give ☐ Yes [t opportunity to surv	vive?				us giver Yes [opportunity	y to survive?
What was the basis	s for dete	ermination that the pr			tion	_	_	_ '	nination th	at the pregnant woman had a condition
that required the pro- woman?	rocedure	to avert death or ser	ious impairmen	t to the preg	nant	that require woman?	d the pr	ocedure to	avert deat	th or serious impairment to the pregnant
Date last normal me	_	an 26/2016		Physician	estimate of	f gestation (i	in weeks	s)	Post fer	tilization age of the fetus (in weeks) 7
How were the gestat			on age determine	ed?						
Full name of physici DR. CAROL DELLI	_	rming termination								
Address of physician 200 S. MERIDIAN	_	-		t, city, state,	and zip co	ode)				
**Date Reported t	to DCS	if Patient under 1	4 (month day y	vear):						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE C	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					
Patient's age**	Mos	ried	Date of preor	nancy terminat	tion	Educa	tion			
22	Marı	ried ☐ Yes ■ No		03/31/2016	.1.011	Luuca			ool Diploma or GED	
Race American Indiana Native Hawaiian	or Otl	•	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknown	☐ Not 1	y anic or Latino Hispanic or Latino	
Live Births:			0				Number of in		0	
Other Terminations	,.	Number of spontaneou	0				Number of in	duced termi	nations 0	
Dates of terminations	s (Do	not include this termina	ition. If more t 3	than six (6), th	iose m	ost recent.)	=		6	
Fetus delivered alive		If yes, length of tin		ved:		4.			cation(s) of Pregnancy Termination	
								None	Uterine Perforation	
Fetus viable?		If viable, medical r	eason for term	nination:				Hemorrhag	ge Cervical Laceration	
☐ Yes ■ N	Ю							Infection	☐ Retained Products	
								Other (Spec	cify)	
Pathological examina	ition	If yes, results:								
performed?	No						Did tl·		on of pregnancy result in a maternal death?	
		1								
Type of Termination Procedures										
	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone									
Medical (Nonsur Medical (Nonsur	rgical) Misoprostol				☐ Medical	(Nonsurgical)	Misoprosto	1	
Medical (Nonsur	rgical	Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)	
Medical (Surgical Medical (Surgical Surgical)		enstrual Aspiration					(Surgical) Suc (Surgical) Me			
Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical							(Surgical) Oth			
For Medical (Surgica	l) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proce	edures, answ	ver the following question.	
		ave a post fertilization a	age at least 20	weeks?			us viable or hav Yes	e a post fer	tilization age at least 20 weeks?	
☐ Yes ☐	_	as answered yes, comple	ete the followi	ng questions		_		answered v	es, complete the following questions.	
		est opportunity to survi		ing questions.			us given the be	-		
☐ Yes ☐		, , , , , , , , , , , , , , , , , , ,					Yes No		•	
		etermination that the prore to avert death or serio							that the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?	ocedu	ie to avert death of seri	ous impairmei	nt to the pregn	iani	woman?	a the procedure	to avert dea	aut of serious impairment to the pregnant	
Date last normal men				Physician e	stimate	e of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks)	
How ware thet.	02/06/2016 6 4									
How were the gestational age and post fertilization age determined? ULTRASOUND										
Full name of physicia										
Address of physician	perfo	orming termination (num		t, city, state, a	ınd zip	code)				
200 G. WENDIAN S	, i , ii \	IDIANAI OLIS, IN 402	-20							
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Dations 2			D-4 C		-4:-	l p. 1	4:					
Patient's age**	Marri	ed Yes No	Date of pregr	03/31/2016		Educa	ition		helor's Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	n American	Unknow		panic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	0				Number nov		0			
Other Termination	s: N	Number of spontaneou		,			Number of	nduced term				
Dates of termination		ot include this termin	,			st recent.)			0			
I		2			4.	•		Compl	ication(s) of Pregnan	cy Termination		
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:		ne Perforation						
								None	_			
Fetus viable?		If viable, medical	reason for term	nination:				Hemorrha	ge ∐ Cerv	ical Laceration		
Yes I	No							Infection	☐ Retai	ned Products		
								Other (Spe	ecify)			
Pathological examin performed?	ation	If yes, results:										
Yes •	No					Did this termination of pregnancy result in a matern						
								Yes 🔳 N	Мо			
				Type of	f Termina	ation Procedu	res					
Procedure that Term	inated F	Pregnancy				Additional P	rocedure that	Геrminated I	Pregnancy			
Medical (Nonsu							(Nonsurgical					
Medical (Nonsu							(Nonsurgical (Nonsurgical					
Medical (Surgional Control Contro	ral) Suc	ction Curettage				☐ Medical	(Surgical) Su	ection Curett	age			
☐ Medical (Surgio	cal) Me	nstrual Aspiration				■ Medical	(Surgical) M	enstrual Asp	iration			
Medical (Surgio	cai) Otr	ier (<i>Specify</i>)					(Surgical) O	ner (<i>Specify</i>)			
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgical) pro	cedures, ans	wer the following que	estion.		
	le or hav ■ No	ve a post fertilization	age at least 20	weeks?			us viable or ha Yes \text{No}	ave a post fe	rtilization age at least	20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previou	ıs question wa	s answered	yes, complete the foll	owing questions.		
	n the be	st opportunity to surv	rive?				us given the b	est opportun	ity to survive?			
		ermination that the pr	regnant women	n had a condit	ition	_	_	termination	that the pregnant wo	man had a condition		
that required the pr		e to avert death or ser				that require				ment to the pregnant		
woman?						woman?						
				I w	•			Т_	-			
Date last normal me	-	gan /01/2016		Physician	estimate	of gestation (in weeks)	Post f	ertilization age of the	e tetus (in weeks)		
How were the gestat		ge and post fertilization	on age determin	ned?								
ULTRASOUND	JLTRASOUND											
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	ming termination (nu.		et, city, state,	and zip c	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy term MONROE					•		
	ı					T						
Patient's age** 26	Marri	ed □ Yes ■ No	Date of pregn	nancy termin 03/31/2016		Educ	ation			ster's Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	☐ Unl	known		/ anic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	0					er now d		0		
Other Termination	s. I	Number of spontaneou					Numb	er of ind	uced termin	nations		
		ot include this termin	1 ation. If more t	than six (6).	those m	ost recent.)				0		
1. 08/22/2011		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination	
Yes I	No								None	☐ Uter	ne Perforation	
								П	Hemorrhag	e \square Cerv	ical Laceration	
Fetus viable?	N.o.	If viable, medical	reason for term	nination:					J	_		
☐ Yes ■	NO								nfection	_	ined Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No					Did this termination of pregnancy result in a ma						
								☐ Yes				
				Туре	of Termi	nation Procedu	ires					
Procedure that Terminated Pregnancy Additional Procedure that Terminated										regnancy		
☐ Medical (Nonsu	iroical)	Mifenristone				☐ Medica	l (Nonsuu	roical) N	/lifepriston	e		
☐ Medical (Nonsu	ırgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	/lisoprostol			
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medica	l (Nonsui	rgical) C	Other (Spec	ify)		
Medical (Surgional Control Contro	cal) Su	ction Curettage							on Curetta			
☐ Medical (Surgion Med		enstrual Aspiration							strual Aspin r (Specify)	ration		
Wedicai (Suigit	cai) Ou	нег (Бресцу)				Wiedica	i (Suigica	ai) Oile	і (зресіју)			
For Medical (Surgic	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgica	l) proced	lures, answ	er the following qu	estion.	
	le or ha	ve a post fertilization	age at least 20	weeks?			tus viable Yes		a post fert	tilization age at leas	t 20 weeks?	
	_	s answered yes, comp	lete the followi	ng questions	c	_		_	nswered ve	es, complete the following	owing questions	
				ng questions			_		-	_	oming questions.	
Was the fetus give ☐ Yes [est opportunity to surv	/ive?				tus given Yes [opportunit	ty to survive?		
		termination that the pr									man had a condition	
that required the property woman?	rocedur	e to avert death or ser	ious impairmer	nt to the preg	gnant	that requir woman?	ed the pro	ocedure t	o avert dea	nth or serious impair	ment to the pregnant	
woman:						woman:						
Date last normal me		gan /28/2016		Physician	estimate	e of gestation	in weeks)	Post fe	rtilization age of the	e fetus (in weeks)	
How were the gestat		ge and post fertilization	on age determin	l ned?		8				6		
ULTRASOUND												
Full name of physici	ian perf	orming termination										
DR. CAROL DELLI	NGER	_										
	-	ming termination (nu. DIANAPOLIS, IN 46		t, city, state,	and zip	code)	_	_				
200 S. WERIDIAN	UI, IINI	DIANAPOLIO, IIN 40										
**Date Reported to DCS, if Patient under 14 (month, day, year):												
""Date Reported 1	io DCS	o, il Patient under 1-	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Patient's age** Married Yes No Date of pregnancy termination Associate Degree										
Tamara and a second a second and a second an										
Race Ethnicity Asian Black or African American Hispanic or Latino Native Hawaiian or Other Pacific Islander White Other Unknown Not Hispanic or Latino Unknown Not Hispanic or Latino Unknown White Other Other	nown									
Live Births: Number now living Number now deceased 0										
Other Terminations: Number of spontaneous terminations Number of induced terminations										
Dates of terminations (Do not include this termination. If more than six (6), those most recent.) 1. 2. 3. 4. 5. 6.										
Fetus delivered alive? If yes, length of time fetus survived: Complication(s) of Pregnancy Termination	n									
☐ Yes ■ No ■ None ☐ Uterine Perforation	1									
Fetus viable?	1									
☐ Yes ■ No ☐ Infection ☐ Retained Products										
Pathological examination If yes, results:										
performed?										
Yes ■ No Did this termination of pregnancy result in a materr Yes ■ No	al death?									
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol										
☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)										
Makinal (Section Commun.										
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) ☐ Medical (Surgical) Other (Specify)										
Medical (Surgical) Other (Spectyy)										
For Medical (Surgical) procedures, answer the following question. For Medical (Surgical) procedures, answer the following question.										
Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks?										
☐ Yes ☐ No										
If the previous question was answered yes, complete the following questions. If the previous question was answered yes, complete the following question.	ns.									
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No Was the fetus given the best opportunity to survive? ☐ Yes ☐ No										
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant what required the procedure to avert death or serious impairment to the pregnant which is a serious impairment which is a serious impairment to the pregnant which is a serious impairment which is a serious impairment which is a serious which is a s										
woman? woman?										
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)	ks)									
02/06/2016 6 4										
How were the gestational age and post fertilization age determined? ILTRASOUND										
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (number and street, city, state, and zip code)										
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
The state of the s			D. C		··	T = -						
Patient's age** 24	Marrie [ed Yes No	Date of pregr	03/31/2016		Educa	ition	F		ol Diploma or C	GED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		nnic or Latino Hispanic or Latin	0	☐ Unknown
Live Births:		umber now living	0				Number n			0		
Other Termination	s: N	umber of spontaneou					Number o	of indu	iced termi			
Dates of termination			v	, ,		st recent.)				0		
I					4	l		5	Complia	eation(s) of Pregr	nancy T	Permination
Fetus delivered alive		If yes, length of ti	me ietus surviv	/ea:							Perforation	
								_		_		
Fetus viable?		If viable, medical	reason for term	nination:				∐ Н	lemorrhag	e	ervical	Laceration
Yes I	No						☐ Ir	nfection	☐ R	etained	Products	
							□ O	ther (Spec	cify)			
Pathological examin performed?	ation	If yes, results:										
Yes •	No				Did this termination of pregnancy result in a materna							
							Yes	■ No)			
				Type of	f Termin	ation Procedu	res					
Procedure that Term	inated P	regnancy				Additional Pr	rocedure tha	at Terr	ninated Pr	regnancy		
Medical (Nonsu							(Nonsurgic					
Medical (Nonsu							(Nonsurgic					
Medical (Surgio	ral) Suc	tion Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge		
Medical (Surgio	cal) Me	nstrual Aspiration				☐ Medical	(Surgical)	Mens	trual Aspi			
Medical (Surgio	cai) Oth	er (Specify)				☐ Medical	(Surgical)	Otner	(Ѕресіƒу)			
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) p	procedi	ures, answ	er the following	questic	on.
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?			us viable or Yes 🔲 N		a post fert	ilization age at le	east 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.		If the previou	is question	was ar	nswered ye	es, complete the	followi	ng questions.
	n the bea	st opportunity to surv	vive?				us given the Yes \[\] N		opportunit	y to survive?		
		ermination that the p	reanant women	had a condi-	tion	_	_		mination (hat the prognant	Women	had a condition
that required the pr		to avert death or ser				that require						nt to the pregnant
woman?						woman?						
Date last normal me	_	an (10/2016		Physician 6	estimate	of gestation (i	in weeks)		Post fe	rtilization age of	the fet	us (in weeks)
How were the gestat			on age determin	l ned?							•	
ULTRASOUND	JLTRASOUND											
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		t, city, state, d	and zip	code)						
		·										
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	GE City or town, of pregnancy termination County of pregnancy termination MONROE							
Dations 2			D-4 C		-4:.	1 5 1	_4:_					
Patient's age** 34	Marrie	d Yes • No	Date of pregr	03/31/2016		Educ	ation			nelor's Degree		
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	Asian White	☐ Black o	or Africa	n American		known	■ Not I	y anic or Latino Hispanic or Latino	, [Unknown
Live Births:	N	umber now living	1				Numb	er now d	eceased	0		
Other Termination	s: N	umber of spontaneou	us terminations 0	3			Numb	er of ind	uced termi	nations 0		
Dates of termination			v			st recent.)	1			-		
Fetus delivered alive		If yes, length of ti			4	·		5	Complic	cation(s) of Pregna	ancy Tern	nination
Yes •		ii yes, lengui oi u	me retus surviv	veu.							erine Perf	
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_	rvical Lac	
Yes • 1	No						☐ I	nfection	∐ Re	tained Pro	oducts	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No								on of pregnancy re	esult in a	maternal death?	
							☐ Yes	s 🔳 N	0			
	otion D. 1											
n =				1 ype of	i remin	ation Proced		., -				
Procedure that Term	inated P	regnancy				Additional I	Procedure	that Ter	minated Pi	regnancy		
Medical (Nonsu Medical (Nonsu									Aifepriston Aisoprostol			
Medical (Nonsu									Other (Spec			
Medical (Surgional Control Contro									on Curetta			
Medical (Surgio		nstrual Aspiration er (Specify)							strual Aspi r (Specify)	ration		
								ŕ	. 1			
For Medical (Surgic	al) proce	dures answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures answ	ver the following o		
								_			_	oleg?
	No No	e a post fertilization	age at least 20	weeks?			Yes [a post teri	tilization age at lea	ast 20 wee	eks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	s.	If the previo	us questi	ion was a	nswered ye	es, complete the fo	ollowing	questions.
	_	st opportunity to surv	vive?						opportuni	ty to survive?		
	□ No					_	_	No			-	
		ermination that the p to avert death or ser								hat the pregnant w ath or serious impa		
woman?						woman?						
Date last normal me	_	an 02/2016		Physician	estimate	of gestation 7	(in weeks	s)	Post fe	ertilization age of t	he fetus (in weeks)
How were the gestat			on age determin	ned?						<u> </u>		
ULTRASOUND	JLTRASOUND											
Γ												
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPCS		21 SOUTH COLLI	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
The state of the s	I		D. C.			1 = -						
Patient's age** 24	Married	Yes No	Date of pregna	ancy termi 03/31/201		Educa	tion		college, No Deg	gree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un		y panic or Latino Hispanic or Lati	no 🔲 Unknown		
Live Births:	Nu	mber now living	0				Numb	per now deceased	0			
Other Termination	ns: Nu	mber of spontaneou					Numb	per of induced term				
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	those m	ost recent.)		5	6.			
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				Compl	cation(s) of Preg	gnancy Termination		
	110				■ None ☐ Uterine Pe							
Fetus viable?		If viable, medical	reason for term	ination:				Hemorrha	ge 🔲 (Cervical Laceration		
Yes I	No							☐ Infection	_	Retained Products		
Data ta		TC L						Other (Spe	ecify)			
Pathological examin performed?		If yes, results:										
☐ Yes ■	No					Did this termination of pregnancy result in a matern ☐ Yes ■ No						
Type of Termination Procedures												
Procedure that Term	ninated Pro	egnancy				Additional Pr	ocedure	e that Terminated I	Pregnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu	urgical) N	/lisoprostol					(Nonsu	rgical) Mifepristo rgical) Misoprosto	ol			
☐ Medical (Nonsu	urgical) C	Other (Specify)				☐ Medical	(Nonsu	rgical) Other (Spe	cify)			
	cal) Mens	strual Aspiration				☐ Medical	(Surgic	eal) Suction Curett eal) Menstrual Asp	iration			
☐ Medical (Surgio	cal) Other	r (Specify)				☐ Medical	(Surgic	cal) Other (Specify)			
For Medical (Surgic	al) proced	lures answer the fo	llowing questio	n.		For Medical (Surgica	al) procedures, ans	ver the following	o question		
	_	a post fertilization					_	le or have a post fe				
☐ Yes [_	•				·	Yes [☐ No				
If the previous quest				ng question	ıs.		•	·	-	following questions.		
Was the fetus give: ☐ Yes [opportunity to surv	ive?				us giver Yes [n the best opportun No	ity to survive?			
		mination that the property are a construction to the construction that the construction t								t woman had a condition pairment to the pregnant		
woman?	i occurre t	o avert death of ser	ious impuminen	ic to the pre	gnam	woman?	a die pr	occurre to avert ac	aur or serious in	partment to the pregnant		
Data last married	neac h	n		Dh	a antir	o of gostati (n 11	g) P (ortilization	of the fetus (in month)		
Date last normal me	_	n 25/2016		1 mysiciai	ı estimat	e of gestation (i	n week!	Post I	auon age c	f the fetus (in weeks) 7		
How were the gestational age and post fertilization age determined? ULTRASOUND												
Full name of physici	-	ming termination										
Address of physician	n perform	-		, city, state	, and zip	code)						
200 S. MERIDIAN	ST, INDI	ANAPOLIS, IN 46	225									
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ac PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** 22	Mar	ried No	Date of pregn	nancy termina 03/31/2016		Educa	tion		Some Co	ollege, No Degree)		
Race American Indiana Native Hawaiian	or Ot	her Pacific Islander [Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations	:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termir	nations 0			
Dates of terminations	(Do	not include this termina	•	than six (6), t	those mo	ost recent.)							
I		2		1		4		5	Complic	ation(s) of Pregnar	ncy Termination		
Fetus delivered alive? Yes N		If yes, length of tin	ne retus surviv	ea:					•	_			
									None	_	rine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cer	vical Laceration		
☐ Yes ■ N	lo							☐ I	nfection	Reta	nined Products		
									Other (Spec	ify)			
Pathological examina	tion	If yes, results:											
performed? ☐ Yes ■ N					Did this termination of pregnancy result in a maternal								
						Yes No							
				Type of	f Termii	nation Procedu	res						
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsur	rgical) Mifepristone				☐ Medical	(Nonsu	rgical) N	/lifepristone	e			
☐ Medical (Nonsur ☐ Medical (Nonsur									Aisoprostol Other (Speci	if _v)			
iviculcai (ivonsul	gicai) Other (specify)				wiedicar	(140Hsu	igicai) C	other (Speci	<i>Jy)</i>			
Medical (Surgical Medical (Surgical Surgical Surgica		uction Curettage Ienstrual Aspiration							on Curettag strual Aspir				
Medical (Surgical									r (Specify)				
For Medical (Surgical	1) pro	ocedures, answer the following	lowing questic	on.		For Medical	Surgica	al) proced	lures, answ	er the following qu	uestion.		
		ave a post fertilization a					_	_		ilization age at leas			
Yes Yes			ige at least 20	weeks.			Yes [a post tert	mzation age at iea	st 20 weeks.		
If the previous question	on wa	as answered yes, comple	ete the followi	ng questions	i.	If the previou	ıs questi	ion was a	nswered ye	s, complete the fol	lowing questions.		
Was the fetus given	the b	est opportunity to survi	ve?			Was the fet	us given	the best	opportunit	y to survive?			
☐ Yes ☐] No						Yes [No					
		etermination that the pro-									oman had a condition		
woman?	oceau	re to avert death or serio	ous impairmer	it to the preg	nant	woman?	a tne pro	ocedure t	o avert dea	tn or serious impai	rment to the pregnant		
Date last normal men	ses b	egan		Physician	estimate	e of gestation (i	in weeks	5)	Post fer	rtilization age of th	e fetus (in weeks)		
	0	1/05/2016				12		•		10	· · · · · · · · · · · · · · · · · · ·		
How were the gestational age and post fertilization age determined?													
JLTRASOUND													
Full name of physicia	ın na	forming termination											
DR. CAROL DELLIN	_	-											
= -	_	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225										
**Date Reported to	**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	City or town, of pregnancy termination BLOOMINGTON County of pregnancy terminat MONROE					•						
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation					
32	Mai	ried Yes No		03/31/2016		Lauc			Bach	elor's Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Africa	an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	3				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations				Numb	per of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin		than six (6),	those mo	ost recent.)	1					
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination	
								• 1	None	☐ Uter	ine Perforation	
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhag	e 🗌 Cerv	rical Laceration	
☐ Yes ■ I	No							□ I	nfection	Reta	ined Products	
									Other (Spec	cify)		
Pathological examin	ation	If yes, results:										
performed?	N.T							=				
☐ Yes ■	No					Did this termination of pregnancy result in a mate. Yes No						
				Type o	of Termi	nation Procedu	ıres					
Drogodyna that Ta	inat-	1 Dragnan av		1,700	- 5			a that T-	minoto 1 D	rognong.		
Procedure that Term						Additional F				•		
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepriston Aisoprostol			
		l) Other (Specify)							Other (Spec			
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medica	l (Surgic	al) Sucti	on Curetta	ge		
	al) N	Ienstrual Aspiration				☐ Medica	l (Surgic	al) Mens	strual Aspii r <i>(Specif</i> y)	ration		
Medicai (Surgio	ai) C	инег (зресцу)				□ Medica	i (Suigic	ai) Ouie	і (зресіју)			
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.	
		nave a post fertilization	age at least 20	weeks?			_	_	a post fert	ilization age at leas	t 20 weeks?	
☐ Yes [■ No)					Yes	_ No				
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the fol	lowing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?					_	opportunit	y to survive?		
						_	Yes [
		letermination that the pa are to avert death or seri									man had a condition rment to the pregnant	
woman?			•	1		woman?	•			1	1 0	
Date last normal men	nses t	egan		Physician	estimate	e of gestation	in week.	s)	Post fe	rtilization age of th	e fetus (in weeks)	
		02/08/2016				6				4		
How were the gestational age and post fertilization age determined? ULTRASOUND												
CLINAGOUND	······											
Full name of above: -:	on ac	rforming tormination										
DR. CAROL DELLI	_	rforming termination R										
	-	orming termination (num		t, city, state,	and zip	code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PP		1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age**	Marr	ied □ Yes ■ No	Date of pregn	nancy termina		Educa	tion	ŀ	High Scho	ol Diploma or G	ED	
Race American Indiana Native Hawaiian o		aska Native	Asian White			an American	☐ Un	known	Ethnicity Hispa			
Live Births:]	Number now living	0				Numb	er now d	eceased	0		
Other Terminations:	:]	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0		
Dates of terminations	(Do r	not include this termina		than six (6), t	hose mo	ost recent.)						
1		2				4		5	Complia	ation(s) of Pregna	an av Tamaination	
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	ved:				_ ,	•	_	•	
						■ None						
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🗌 Cer	rvical Laceration	
☐ Yes ■ N						☐ I	nfection	Ret	tained Products			
									Other (Spec	ify)		
Pathological examinat performed?	tion	If yes, results:										
Yes N						Did this	s terminatio	on of pregnancy re	esult in a maternal death?			
						☐ Yes	s 🔳 No)				
				Type of	f Termii	nation Procedur	res					
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy		
☐ Medical (Nonsur									lifepristone	e		
☐ Medical (Nonsur ☐ Medical (Nonsur									lisoprostol other (Speci	ify)		
_ ` ` .	,	(1 33)				_		υ,		,,,		
- M 1: 1/0 :	1) 0	· · · · · · · · · · · · · · · · · · ·					(G :	1) 0	- C #			
	l) Me	enstrual Aspiration				Medical	(Surgic	al) Mens	on Curettag strual Aspir			
☐ Medical (Surgica	l) Ot	her (Specify)				☐ Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgical) prod	cedures, answer the following	lowing question	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following q	uestion.	
		we a post fertilization a	ige at least 20	weeks?					a post fert	ilization age at lea	ast 20 weeks?	
☐ Yes ■] No					□ ?	Yes [] No				
If the previous question	on wa	s answered yes, comple	ete the following	ng questions.		If the previou	s questi	on was a	nswered ye	s, complete the fo	ollowing questions.	
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?		
What was the basis t	for de	termination that the pro	egnant woman	ı had a condit	tion	What was th	ne basis	for deter	mination th	nat the pregnant w	oman had a condition	
		e to avert death or serie									airment to the pregnant	
woman:						woman:						
									1 -			
Date last normal mens		gan 3/03/2016		Physician of	estimate	e of gestation (i	n weeks	<i>i)</i>	Post fer	_	he fetus (in weeks)	
How were the gestation		ge and post fertilization	n age determin	ned?		<u>-</u>			_I			
ULTRASOUND	JLTRASOUND											
Full name of physician DR. CAROL DELLIN	_	-										
		rming termination (nun	nber and street	t, city, state,	and zip	code)						
200 S. MERIDIAN S	T, IN	DIANAPOLIS, IN 462	225									
**Deta Danast-1	**Date Reported to DCS, if Patient under 14 (month, day, year):											
Date Reported to	DC	o, 11 Fauent under 14	montn, aay,	year):						-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE						
40 Yes No	nancy termination 04/28/2016	Educa	tion		nelor's Degree						
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		nnic or Latino Hispanic or Latino						
Live Births: Number now living 0			Numb	er now deceased	0						
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	-						
Dates of terminations (Do not include this termination. If more t 1. 11/27/2014 2. 3.	han six (6), those m	ost recent.)		5	6						
Fetus delivered alive? If yes, length of time fetus surviv	red:			Complic	cation(s) of Pregnancy Termination						
☐ Yes ■ No				None	☐ Uterine Perforation						
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	e Cervical Laceration						
☐ Yes ■ No				☐ Infection	☐ Retained Products						
				Other (Spec	cify)						
Pathological examination performed? If yes, results:											
☐ Yes ■ No				Did this termination Yes No	on of pregnancy result in a maternal death?						
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol		☐ Medical	(Nonsu	rgical) Mifepriston	e						
Medical (Nonsurgical) Other (Specify)	■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)										
☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration				al) Suction Curetta al) Menstrual Aspir							
Medical (Surgical) Other (Specify)				al) Other (Specify)							
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgica	l) procedures, answ	er the following question.						
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?		us viabl Yes 🗀		ilization age at least 20 weeks?						
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.						
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	ry to survive?						
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition						
that required the procedure to avert death or serious impairmer woman?	nt to the pregnant	that required woman?	d the pro	ocedure to avert dea	nth or serious impairment to the pregnant						
Date last normal menses began 03/05/2016	Physician estima	te of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 5						
How were the gestational age and post fertilization age determin		<u> </u>									
JLTRASOUND											
Full name of physician performing termination											
DR. CAROL DELLINGER Address of physician performing termination (number and stree.	t city state and sis	n code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	., eny, sime, ana zip 										
*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PP	CSI) (MONROE CO.) - 421	1 SOUTH COLL	LEGE C	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age**		. ,	Date of prece	nancy terminat	tion	Educat	tion					
30	Marı	ied Yes No		04/28/2016	uon	Educal	LIOII		-	ool Diploma o	or GED	
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknow	n	Not l	y anic or Latino Hispanic or La		☐ Unknown
Live Births:		Number now living	3				Number nov	w dec	ceased	0		
Other Terminations	s:	Number of spontaneous	s terminations 0	i			Number of i	induc	ed termi	nations 0		
Dates of terminations	s (Do	not include this termina				ost recent.)						
Fetus delivered alive	2	If yes, length of tim				4	5	5	Complie	cation(s) of Pr	egnancy	y Termination
Yes N		ir yes, length of this	ie retus surviv	ved.				No	•	Π		e Perforation
									morrhag	п		cal Laceration
Fetus viable?	- <u>-</u>	If viable, medical re	eason for term	nination:						,~ <u> </u>		ed Products
☐ Yes ■ N	NO								fection	:c.)	Ketain	eu Fioducis
Pathological examina	ation	If yes, results:			'	Ot	her (Spe	cify)				
performed?		n yes, results:										
Yes ■ No Did this termination of pregna Yes ■ No											cy resul	t in a maternal death?
		∐ Yes ■ No										
Type of Termination Procedures												
Procedure that Termi	inated	Pregnancy				Additional Pr	ocedure that	Term	inated P	regnancy		
☐ Medical (Nonsu		,				l <u></u>	(Nonsurgical)					
Medical (Nonsu	rgical) Misoprostol				☐ Medical	(Nonsurgical)	Mi	soprosto	1		
iviedical (Nonsu	rgical	Other (Specify)				iviedical	(Nonsurgical)) Otl	iei (Spec	ayy)		
	al) M	enstrual Aspiration				☐ Medical	(Surgical) Su (Surgical) M	ensti	ual Aspi	ration		
Medical (Surgic	al) O	ther (Specify)					(Surgical) Ot					
For Medical (Surgical	al) pro	cedures, answer the foll	owing question	on.		For Medical (Surgical) pro	cedu	res, answ	ver the followi	ing ques	stion.
Was the fetus viabl ☐ Yes ■		ave a post fertilization a	ge at least 20	weeks?			us viable or ha	ave a	post fer	tilization age a	at least 2	20 weeks?
	_	s answered yes, comple	ete the followi	ng questions.		_	_	ıs ans	swered y	es, complete t	he follo	wing questions.
Was the fetus given		est opportunity to survi				Was the fetu	us given the b			_		
		starmination that the	amont	had a as4:0	ion	_	_	stor	inotic- (hat the more	nt	ion had a conditi
that required the pr		etermination that the pre re to avert death or serio				that required						nan had a condition nent to the pregnant
woman?						woman?						
Dele				[DI					I p			6
Date last normal mer		egan 3/14/2016		Physician e	stimate	e of gestation (i	n weeks)		Post fe	ertilization age	of the	fetus (in weeks)
_	How were the gestational age and post fertilization age determined?											
ULTRASOUND	JLTRASOUND											
Full name of physicia	an nac	forming termination										
DR. CAROL DELLI												
	_	rming termination (num		t, city, state, a	ınd zip	code)						
200 S. WERIDIAN S	۱۱, IIV	DIANAPOLIS, IN 462										
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLLE	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						*			
Dationt's access			Data of co	anavi tar:	otion	P.J	tion							
Patient's age** 21	Maı	ried Yes No	Date of pregna	ancy termina 04/28/2016		Educa	uon			ol Diploma or GED)			
Race American Indian Native Hawaiian			☐ Asian ■ White	Black o	or Africa	an American	☐ Un	known		nnic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations				
Dates of termination	s (Do	not include this termin	0 ation. If more th	han six (6), t	those mo	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ I	No					■ None ☐ Uterine Per								
								I	Hemorrhage	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	No.	If viable, medical	reason for termi	ination:				Пі	nfection	☐ Retair	ned Products			
	.10									_	ica i foducts			
									Other (Spec	eify)				
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No									on of pregnancy resu	lt in a maternal death?			
								☐ Ye	s 🔳 No)				
				Type of	f Termir	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	e that Ter	minated Pr	regnancy				
■ Medical (Nonsu	ırgica	l) Mifenristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e.				
Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsu	rgical) N	/lisoprostol					
☐ Medical (Nonsu	ırgıca	l) Other (Specify)				Medical (Nonsurgical) Other (Specify)								
		uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge				
☐ Medical (Surgion Med		Menstrual Aspiration							strual Aspir r (Specify)	ration				
Wiedlear (Surgio	ui) C	valor (specify)					(Buigie	ui) ouic	г (Бресцу)					
											_			
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question	n.		For Medical	(Surgica	d) proced	lures, answ	er the following que	stion.			
Was the fetus viabl ☐ Yes ☐		nave a post fertilization	age at least 20 v	weeks?		_	us viabl Yes [a post fert	ilization age at least	20 weeks?			
			-4-4h-6-11:			_	_	_	1					
If the previous quest	ion w	as answered yes, compl	lete the followin	ig questions		If the previou	is questi	ion was a	nswerea ye	es, complete the follo	owing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?				
What was the basis	s for d	etermination that the pr	egnant woman l	had a condit	tion	What was t	he hasis	for deter	mination th	hat the pregnant won	nan had a condition			
that required the pr		ire to avert death or ser				that require				th or serious impairr				
woman?						woman?								
<u> </u>														
Date last normal men		-		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)			
How were the gostat		03/10/2016	n aga datarmina	ed?		7				5				
ULTRASOUND	How were the gestational age and post fertilization age determined? ULTRASOUND													
Full name of physici	an ne	rforming termination												
DR. CAROL DELLI	_	-												
	-	orming termination (num		, city, state,	and zip	code)								
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225											
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, y	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PP	CSI) (MONROE CO.) - 421	SOUTH COLL	.EGE Ci	ity or t	own, of pregna BLOOM	ncy termina	ation		County of pregn	ancy terr	
Patient's age**		. , T	Date of proces	nancy terminati	ion	Educat	tion					
25	Mari	ried ☐ Yes ■ No		04/28/2016	1011	Educal				ollege, No Degre	e	
Race American Indiana Native Hawaiian		_	Asian White	☐ Black or	Afric	an American	Unknov	wn		y anic or Latino Hispanic or Latino		Unknown
Live Births:		Number now living	0				Number n	ow de		0		
Other Terminations	s:	Number of spontaneous	terminations 0				Number of	of indu	iced termi	nations 0		
Dates of terminations	s (Do	not include this terminat		than six (6), the	ose me	ost recent.)						
1		2				4		5	Compli	cation(s) of Pregna	may Tam	mination
Fetus delivered alive		If yes, length of tim	e fetus surviv	ved:				_ ,	•	_	•	
					■ None ☐ Uterine Po							
Fetus viable?		If viable, medical re	eason for term	nination:				H	Iemorrhag	ge 📙 Cer	vical La	ceration
☐ Yes ■ N	Vo							☐ Iı	nfection	Ret	ained Pr	oducts
									ther (Spec	cify)		
Pathological examina performed?	ation	If yes, results:										
Yes I	No			Did this termination of pregnancy result in a maternal dea								
] Yes	■ N	0			
				Type of T	Termi	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsu							(Nonsurgica					
Medical (Nonsu:		Other (Specify)					(Nonsurgica (Nonsurgica					
Medical (Surgical)	al) Si	action Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge		
	al) M	enstrual Aspiration				☐ Medical	(Surgical) I (Surgical)	Mens	trual Aspi			
iviculear (Burgle)	ai) O	mer (speegy)				Wicalcar	(Surgicar)	Ouici	(Specify)			
	4)											
For Medical (Surgica	al) pro	cedures, answer the follo	owing question	on.						ver the following q		
Was the fetus viable ☐ Yes ■	e or h No	ave a post fertilization ag	ge at least 20	weeks?			us viable or Yes 🔲 N		a post fer	tilization age at lea	st 20 we	eks?
If the previous questi	ion wa	as answered yes, comple	te the followi	ng questions.		If the previou	s question v	was ai	nswered v	es, complete the fo	ollowing	auestions.
				ng questions.		_	_			_		questions
	No	est opportunity to surviv					res N		opportuill	ty to survive?		
		etermination that the pre								hat the pregnant w		
that required the prowoman?	ocedu	re to avert death or serio	us impairmer	nt to the pregna	ant	that required woman?	d the proced	dure to	o avert dea	ath or serious impa	irment to	o the pregnant
Date last normal men	ises h	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fe	ertilization age of t	he fetus	(in weeks)
	0	2/16/2016		-		8			2 330 10	_	6	,
_	ional a	age and post fertilization	age determin	ned?				_				
ULTRASOUND	JETRASOUND											
Full name of physicia	an ner	forming termination										
DR. CAROL DELLIN												
	_	rming termination (num		t, city, state, ar	nd zip	code)						
200 S. WERIDIAN S	וו, וי,	IDIANAPOLIS, IN 462	۷									
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC	SI) (MONROE CO.) - 4: 7403	LEGE	City or to	own, of pregna BLOOM	ncy terminat	tion		County of pre	gnancy MON		
			n · ·			T = -						
Patient's age** 26	Marrie [ed Yes • No	Date of pregr	nancy termina 04/28/2016		Educa	tion			ol Diploma or	GED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unknov			nnic or Latino Hispanic or Latin	no	Unknown
Live Births:		umber now living					Number no			0		_
Other Termination	s: N	umber of spontaneou	us terminations				Number of	f induc	ed termin			
Dates of termination		ot include this termin	2 ation. If more t	than six (6), t	those mos	st recent.)		5		6.		
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	/ed:					Complic	ation(s) of Preg	nancy	Геrmination
☐ Yes ■ 1	No							■ No	one	□ t	Jterine	Perforation
					— ☐ Hemorrhage ☐ Cervical Lace							Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:	on: Infection Retained Products							l Products
					Other (Specify)							
Pathological examin	ation	If yes, results:						пет (ърес	<i>(</i> (y)			
performed?		ii yes, resuits.										
☐ Yes ■	No			Did		terminatio	1 0 3	result	in a maternal death?			
							100					
				Type of	f Termin	ation Procedur	res					
Dungadyun that Tampa	instad E	lua an an av						t Tourn	instad Du			
Procedure that Term						Additional Pr						
Medical (Nonsu							(Nonsurgica (Nonsurgica					
Medical (Nonsu							(Nonsurgica					
Medical (Surgio							(Surgical) S					
Medical (Surgion Medica		nstrual Aspiration er (Specify)					(Surgical) N (Surgical) C			ration		
							-					
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	on.		For Medical ((Surgical) pr	rocedu	res, answ	er the following	g questi	on.
	_	ve a post fertilization								ilization age at 1		
☐ Yes [■ No	•					Yes No		•	C		
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.		If the previou	s question w	vas ans	swered ye	es, complete the	follow	ing questions.
	n the bea	st opportunity to surv	vive?			Was the fett			pportunit	y to survive?		
		ermination that the p										n had a condition
that required the pi woman?	ocedure	to avert death or ser	ious impairmei	nt to the pregi	nant	that required woman?	d the proced	lure to	avert dea	th or serious im	ipairme	nt to the pregnant
Date last normal me	nses be	an		Physician e	estimate	of gestation (i	n weeks)		Post fe	rtilization age o	f the fe	tus (in weeks)
	02/	05/2016				10	/				8	(
How were the gestat	ional ag	e and post fertilization	on age determin	ned?								
ULTRASOUND												
Full name of physici												
DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		t, city, state, o	and zip c	code)						
**Date Reported t						_						

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregn	ancy term			County of preg	gnancy	
Dations' **			Data of	nomor-t- '	. ati	F-1	atio-					
Patient's age** 29	Marrie [ed ■ Yes 🔲 No	Date of pregr	04/28/2016		Educ	ation			th, No Diploma	a	
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	Asian White	☐ Black o	or Africa	an American	☐ Unk	nown		/ anic or Latino Hispanic or Latin	10	Unknown
Live Births:	N	lumber now living	1				Numbe	er now d	eceased	0		
Other Termination	s: N	lumber of spontaneou	us terminations	3			Numbe	er of ind	uced termi	nations 0		
Dates of termination			•	(//		ost recent.)						
Fetus delivered alive		If yes, length of ti			4	1		5	Complic	cation(s) of Preg	nancy	Termination
Yes Yes		if yes, length of th	ine retus surviv	veu.				■ N		_	•	Perforation
				☐ Hemorrhage ☐ Cervical Lacera								
Fetus viable?		If viable, medical	reason for term	nination:	nation:							
Yes • 1	No				☐ Infection ☐ Retained Products							d Products
								Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:										
Yes •	No									result	in a maternal death?	
							☐ Yes	s I N	0			
	£T.											
				Type of	or Termin	nation Procedu						
Procedure that Term	inated P	regnancy				Additional F	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu									Aifepriston Aisoprostol			
Medical (Nonsu									ther (Spec			
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medica	l (Surgica	l) Sucti	on Curetta	ge		
	cal) Me	nstrual Aspiration				☐ Medica	l (Surgica	l) Mens	strual Aspi r (<i>Specif</i> y)			
Wiedicai (Surgio	Zai) Otti	сі (зресіду)				Wiedica	i (Suigica	ii) Ouici	і (зресіју)			
	-1)	- d	11 :			F M-4:1	(C:1	N 1		4h - 6-11		-
For Medical (Surgical			• .			For Medical (Surgical) procedures, answer the following question.						
	le or hav No	ve a post fertilization	age at least 20	weeks?			tus viable Yes		a post fert	tilization age at l	east 20) weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previo	us questic	on was a	nswered ye	es, complete the	follow	ing questions.
	n the be	st opportunity to surv	vive?					the best	opportuni	ty to survive?		
	_	ermination that the p	regnant woman	n had a condi	ition	_		•	mination f	hat the pregnant	woma	n had a condition
		to avert death or ser										ent to the pregnant
woman?						woman?						
Data last == 1	maa- 1			Db: '	anti '	of ac-t	(i.e 1)		D C		C 41 C	tuo (in see Le)
Date last normal me	_	gan /04/2016		Pnysician	estimate	of gestation (ın weeks)	,	Post fe	rtilization age o	the fe	tus (<i>in weeks)</i>
How were the gestat	ional ag	e and post fertilization	on age determin	ned?								
ULTRASOUND												
En assis												
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t						_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE				
19 Yes No	ancy termination 04/28/2016	Educa	tion		ollege, No Degree				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		nnic or Latino Hispanic or Latino				
Live Births: Number now living 0			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	nations				
Dates of terminations (Do not include this termination. If more t	han six (6), those n	nost recent.)			0				
1 2 3		4		5	6				
Fetus delivered alive? If yes, length of time fetus surviv	ed:			Complic	cation(s) of Pregnancy Termination				
☐ Yes ■ No				None	☐ Uterine Perforation				
Establish of the state of the s		e							
Fetus viable? If viable, medical reason for term Yes No	ination:	Retained Products							
		Other (Specify)							
Pathological examination If yes, results:				☐ Other (Spec	-1397				
performed?		Diddling to mineria.							
☐ Yes ■ No		Did this termination of pregnancy result in a m							
					,				
	Type of Term	ination Procedu	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
☐ Medical (Nonsurgical) Mifepristone				rgical) Mifepriston					
☐ Medical (Nonsurgical) Misoprostol			(Nonsu	rgical) Misoprostol					
Medical (Nonsurgical) Other (Specify)		Medical	(Nonsu	rgical) Other (Spec	ify)				
Medical (Surgical) Suction Curettage				al) Suction Curetta					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)				al) Menstrual Aspir al) Other (Specify)	ration				
For Medical (Surgical) procedures, answer the following questic	on.	For Medical (Surgica	1) procedures, answ	er the following question.				
			_	-					
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		is viabl		ilization age at least 20 weeks?				
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman	had a condition	What was th	ne basis	for determination th	hat the pregnant woman had a condition				
that required the procedure to avert death or serious impairmer woman?					th or serious impairment to the pregnant				
wondi:		woman:							
Date last normal menses began 03/02/2016	Physician estima		n weeks	Post fe	rtilization age of the fetus (in weeks)				
How were the gestational age and post fertilization age determin	ed?	5			ა				
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and stree	t, city, state, and zip	o code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		LEGE	City or to	own, of pregna BLOOM	ancy term			, , ,	nancy termination	
The state of the s			D. C		••	l	··				
Patient's age**	Marrie [ed ☐ Yes ■ No	Date of pregr	04/28/2016		Educa	ition	ŀ		ool Diploma or G	ED
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unk	nown		y anic or Latino Hispanic or Latino	Unknown
Live Births:		umber now living	0					r now d		0	
Other Termination	s: N	umber of spontaneou		<u> </u>			Numbe	r of indu	uced termi		
Dates of termination			•	, ,		st recent.)				0	
I					4	*		5	Complia	cation(s) of Pregna	ancy Termination
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				■ N	•	_	erine Perforation
Fetus viable?		If viable, medical	reason for term	nination:							
Yes I	No				☐ Infection ☐ Retained Products						
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No				Did this termination of pregnancy result in a matern						
								☐ Yes	■ N	0	
				Type of	f Termin	ation Procedu	res				
Procedure that Term	inated P	regnancy				Additional P	rocedure t	that Terr	minated Pr	regnancy	
Medical (Nonsu									lifepriston		
Medical (Nonsu									lisoprostol other (Spec		
Medical (Surgional Control Contro	ral) Suc	tion Curettage				☐ Medical	(Surgical	1) Sucti	on Curetta	ge	
☐ Medical (Surgio	cal) Mei	nstrual Aspiration				■ Medical	(Surgical	l) Mens	trual Aspi		
Medical (Surgio	cai) Oth	er (Specify)					(Surgical	i) Otnei	(Specify)		
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.					
	le or hav No	e a post fertilization	age at least 20	weeks?			us viable Yes		a post fert	tilization age at le	ast 20 weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.		If the previou	ıs questio	n was a	nswered ye	es, complete the fe	ollowing questions.
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?	
	_	ermination that the p	regnant woman	n had a condit	tion	_	_		mination t	hat the nregnant v	voman had a condition
that required the pr		to avert death or ser				that require					airment to the pregnant
woman?						woman?					
				T					1 -		
Date last normal me	_	an 06/2016		Physician of	estimate	of gestation (in weeks)		Post fe	_	the fetus (in weeks) 7
How were the gestat			on age determin	ned?		-			I		
ULTRASOUND											
Full name of physici DR. CAROL DELLI	NGER										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)	_				
**Date Reported t						_					

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PP0		1 SOUTH COLL	_EGE	City or t	own, of pregna	•			County of pregna	ncy termination ONROE	
Patient's age** 20	Marri	ed Yes No	Date of pregn	nancy termina 04/28/2016		Educa	tion		Some Co	ollege, No Degree)	
Race American Indiana o	r Oth	er Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown	
Live Births:	ı	Number now living	0				Numb	er now d	eceased	0		
Other Terminations:	1	Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0		
Dates of terminations (Do n		,	than six (6), t	those me	ost recent.)						
Fetus delivered alive?		If yes, length of tin		rad.		4		5	Complic	ation(s) of Pregnar	ncy Termination	
Yes No)	if yes, length of the	ne retus surviv	reu:					•	_		
					■ None ☐ Uterine Perforation							
Fetus viable?		If viable, medical r	eason for term	nination:				∐ ŀ	Hemorrhage	e ∐ Cer	vical Laceration	
☐ Yes ■ No)							☐ I	nfection	Reta	nined Products	
									Other (Spec	ify)		
Pathological examinati performed?	ion	If yes, results:										
Yes No	O							Did this	s terminatio	on of pregnancy res	sult in a maternal death?	
								☐ Yes	s 🔳 No)		
											1	
				Type of	f Termin	nation Procedu	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsurge									lifepristone	e		
Medical (NonsurgMedical (Nonsurg									lisoprostol other (Speci	ify)		
	, ,	(-1						8 , .	(-1	,,,		
							· ·	1) 6				
☐ Medical (Surgical☐ Medical (Surgical		ction Curettage enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir			
☐ Medical (Surgical) Ot	her (Specify)				☐ Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgical)	proc	edures, answer the fol	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	nestion.	
Was the fetus viable	or ha	ve a post fertilization a	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	st 20 weeks?	
☐ Yes ☐	No						Yes [No				
If the previous question	n was	s answered yes, comple	ete the followi	ng questions		If the previou	ıs questi	ion was a	nswered ye	s, complete the fol	lowing questions.	
		est opportunity to survi	ve?						opportunit	y to survive?		
☐ Yes ☐	No						Yes _	」No				
		termination that the pro e to avert death or serie									oman had a condition rment to the pregnant	
woman?			F	٢8	,	woman?	p-					
Date last normal mense	es be	gan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of th	e fetus (in weeks)	
03/08/2016 7 5												
How were the gestational age and post fertilization age determined? ULTRASOUND												
												
Full name of physician	perf	orming termination										
DR. CAROL DELLING			,									
Address of physician p 200 S. MERIDIAN ST		=		t, city, state,	and zip	code)						
	, ••		-									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 42 AVENUE, BLOOMINGTON, IN, 47403	City o	r town, of pregnan BLOOMI			County of pregnancy termination MONROE			
Patient's age** 23 Married Yes No	Date of pregnancy termination 04/28/2016	Educati			ol Diploma or GED			
	☐ Asian ☐ Black or Afr White ☐ Other		☐ Unknown		unic or Latino Iispanic or Latino			
Live Births: Number now living	0		Number now de		0			
Other Terminations: Number of spontaneou	s terminations		Number of indu	iced termin	nations 0			
Dates of terminations (Do not include this terminal)	ation. If more than six (6), those is	nost recent.)	5		6			
Fetus delivered alive? If yes, length of tir				Complic	ation(s) of Pregnancy Termination			
☐ Yes ■ No			■ N	Ione	☐ Uterine Perforation			
Fetus viable? If viable, medical i	reason for termination:	nation: Hemorrhage Cervical La						
☐ Yes ■ No		☐ Infection ☐ Retained Produ						
				ther (Spec	ify)			
Pathological examination If yes, results: performed?								
Yes No			Did this		on of pregnancy result in a maternal death?			
	Type of Tern	nination Procedure	es					
Procedure that Terminated Pregnancy		Additional Pro	cedure that Terr	ninated Pro	egnancy			
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol		Medical (Nonsurgical) M Nonsurgical) M	lifepristone	e			
Medical (Nonsurgical) Other (Specify)			Nonsurgical) O					
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			Surgical) Suction Surgical) Mens					
Medical (Surgical) Medistual Aspiration Medical (Surgical) Other (Specify)			Surgical) Other		ation			
For Medical (Surgical) procedures, answer the fol	lowing question.	For Medical (S	Surgical) proced	ures, answ	er the following question.			
Was the fetus viable or have a post fertilization Yes No	age at least 20 weeks?		s viable or have es No	a post ferti	ilization age at least 20 weeks?			
If the previous question was answered yes, compl	ete the following questions.	If the previous	question was ar	nswered ye	es, complete the following questions.			
Was the fetus given the best opportunity to surv ☐ Yes ☐ No	ive?		s given the best	opportunit	y to survive?			
What was the basis for determination that the pr					nat the pregnant woman had a condition			
that required the procedure to avert death or seri woman?	ous impairment to the pregnant	that required woman?	the procedure to	avert dea	th or serious impairment to the pregnant			
Date last normal menses began	Physician estima	ate of gestation (in	weeks)	Post fer	rtilization age of the fetus (in weeks)			
02/20/2016 How were the gestational age and post fertilizatio	n age determined?	6			4			
ULTRASOUND								
Full name of physician posterois - tomics'								
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (nun 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46:	•	ip code)						
*Date Reported to DCS, if Patient under 14 (month, day, year):								
Date Reported to Des, if Fatient under 12	т (топт, ииу, уейг)				-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	City or t	own, of pregna	•			County of pregnand MC	cy termination				
Patient's age**		. ,	Date of pregn	ancy town:	nation	Educa	tion						
22	Maı	ried □ Yes ■ No		04/28/2016		Educa	non	I	High Scho	ol Diploma or GED)		
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black	or Afric	an American		known	☐ Not H	anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6),	those mo	ost recent.)				<u> </u>			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination		
res 💷 r	NO				■ None ☐ Uterine Perfora								
7					☐ Hemorrhage ☐ Cervical Lacerati								
Fetus viable? Yes 1	Vo	If viable, medical	reason for term	ination:	☐ Infection ☐ Retained Products								
	10												
									Other (Spec	cify)			
Pathological examination performed?	ation	If yes, results:											
Yes •	Did this termination of pregnancy result in a mate												
				☐ Yes	s 🔳 No	0							
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy			
										•			
Medical (NonsuMedical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aifepristone Aisoprostol				
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)			
Medical (Surgic	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge.			
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	cal) (Other (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?		
Yes [age at reast 20	Weeks.			Yes [_	u post rere	and age at reast	20 Weeks.		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	wing questions.		
Was the fetus giver	n tha	hast opportunity to surv	iva?			Was the fet	ue oiver	the best	opportunit	ty to survive?			
Was the fetus given ☐ Yes ☐		best opportunity to surv	140:				us giver Yes [_	opportunit	y to survive:			
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was f	he basis	for deter	mination th	hat the pregnant won	nan had a condition		
that required the pr		ire to avert death or ser				that require				th or serious impairs			
woman?						woman?							
Date last normal mer		-		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)		
Hanna da esta		03/04/2016		- 49		7				5			
How were the gestat	ional	age and post fertilization	n age determin	ied !									
CLITATION													
E-II C 1 : :													
Full name of physici DR. CAROL DELLI	_	rforming termination											
		orming termination (num	mber and street	t, city, state,	and zip	code)							
	-	NDIANAPOLIS, IN 46											
**Date Reported t													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP		1 SOUTH COLL	.EGE Ci	ity or t	town, of pregna	ncy termina	tion	County of pregnancy termination MONROE		
Patient's age**	Marr	ied	Date of pregn	nancy terminat	tion	Educa	tion				
28 Race		☐ Yes ■ No	ı	04/28/2016				Some	e College, No Degree		
American Indiana Native Hawaiian	or Oth	•	Asian White	Black or Other	Afric	an American	Unknov	■ H	Hispanic or Latino Not Hispanic or Latino Unknown		
Live Births:			2				- 144		0 erminations		
Other Terminations	•	Number of spontaneou	0				Number of	i induced te	0		
Dates of terminations	(Do 1	ot include this termina	ition. If more t 3	han six (6), th	ose mo	ost recent.) 4		5	6		
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	red:				Com	nplication(s) of Pregnancy Termination		
☐ Yes ■ N	o							None	☐ Uterine Perforation		
Fetus viable?		If viable, medical r	aggan for tarm	nination:				Hemorr	rhage		
Yes N	Ю	ii viable, medicai i	eason for term	imation:				☐ Infectio	on Retained Products		
					☐ Other (Specify)						
Pathological examina	tion	If yes, results:									
performed?	lo						Die	d this termin	ination of pregnancy result in a maternal death?		
									No		
				Type of '	Termi	nation Procedu	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsur							(Nonsurgica				
☐ Medical (Nonsur ☐ Medical (Nonsur						Medical Medical	(Nonsurgica (Nonsurgica	al) Misopro al) Other (S	ostol <i>Specify)</i>		
Medical (Surgical)	al) Su	ction Curettage				Medical	(Surgical) S	Suction Cur	rettage		
	al) M	enstrual Aspiration				☐ Medical	(Surgical) I (Surgical) (Menstrual A	Aspiration		
	,	(~F9))					(===8====)	(~ <i>I</i>	- 437/		
For Medical (Surgical	l) prod	cedures, answer the fol	lowing questic	on.		For Medical	(Surgical) pr	ocedures, a	answer the following question.		
	, 1	ive a post fertilization a	<i>U</i> 1					,	t fertilization age at least 20 weeks?		
☐ Yes ■		······································					Yes N				
If the previous question	on wa	s answered yes, comple	ete the followi	ng questions.		If the previou	is question w	vas answere	ed yes, complete the following questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given the Yes		rtunity to survive?		
		termination that the pro							ion that the pregnant woman had a condition		
that required the pro- woman?	ocedui	re to avert death or serie	ous impairmer	nt to the pregn	ant	that require woman?	d the proced	ure to avert	t death or serious impairment to the pregnant		
Date last normal men	ses be	gan		Physician es	stimate	e of gestation (i	in weeks)	Pos	ost fertilization age of the fetus (in weeks)		
02/12/2016 11							9				
How were the gestation	How were the gestational age and post fertilization age determined? ULTRASOUND										
L											
Full name of physicia DR. CAROL DELLIN											
	perfo	rming termination (num		t, city, state, a	nd zip	code)					
	.,	02.0, 114 402									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE Cit	ty or to	own, of pregna BLOOM	ncy termination	on	County of pregnancy termination MONROE		
Patient's age**	N/-	iod	Date of preon	ancy terminati	ion	Educa	tion				
19	Marr	Yes No		04/28/2016		Educa		Some C	college, No Degree		
Race American Indiana Native Hawaiian	or Oth		Asian White	☐ Black or ☐ Other	Africa	an American	Unknown	n Not	y vanic or Latino Hispanic or Latino		
Live Births:			0						0		
Other Terminations	•	Number of spontaneou	0				Number of i	nduced term	inations 0		
Dates of terminations	(Do r	not include this termino	•	han six (6), tho	ose mo	ost recent.)			4		
Fetus delivered alive?)	If yes, length of tir	ne fetus surviv	ed:	4	*		Compli	cation(s) of Pregnancy Termination		
☐ Yes ■ N		7 7 8 1						None	Uterine Perforation		
					☐ Hemorrhage ☐ Cervical Laceration:						
Fetus viable?		If viable, medical i	eason for term	ination:				`	_		
☐ Yes ■ N	10				☐ Infection ☐ Retained Products						
								Other (Spe	ecify)		
Pathological examina performed?	ition	If yes, results:									
Yes I N	No								ion of pregnancy result in a maternal death?		
							Yes 🔳 N	No			
				Type of T	Γermin	nation Procedur	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsur							(Nonsurgical)				
Medical (Nonsur Medical (Nonsur						Medical Medical	(Nonsurgical) (Nonsurgical)	Other (Spe	ol cify)		
Medical (Surgica	al) Su	ction Curettage			—	☐ Medical	(Surgical) Su	ction Curetts	ате		
☐ Medical (Surgica	al) Mo	enstrual Aspiration				Medical	(Surgical) M	enstrual Asp	iration		
Medical (Surgica	ai) Ot	ner (Specify)				Medical	(Surgical) Ot	ner (<i>Specify)</i>)		
For Medical (Surgical	l) prod	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) pro	cedures, ansv	wer the following question.		
Was the fetus viable ☐ Yes ☐		ave a post fertilization a	age at least 20	weeks?			us viable or ha	ive a post fer	rtilization age at least 20 weeks?		
	_		6.11			_	_	1	1. 4. 6.11		
		s answered yes, comple		ng questions.		_	_	•	ves, complete the following questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ive?				us given the b Yes \text{No}	est opportuni	ity to survive?		
What was the basis	for de	termination that the pr	eonant woman	had a conditio	n	What was th	ne hasis for de	termination	that the pregnant woman had a condition		
that required the pro		re to avert death or seri				that require			eath or serious impairment to the pregnant		
woman?						woman?					
Date last normal men		egan 3/12/2016		Physician est	timate	of gestation (i	n weeks)	Post f	ertilization age of the fetus (in weeks) 5		
How were the gestational age and post fertilization age determined?							-				
ULTRASOUND	JLTRASOUND										
Full name of physicia DR. CAROL DELLIN	NGER										
Address of physician 200 S. MERIDIAN S	-	rming termination (num		t, city, state, an	ıd zip	code)					
200 G. WIERIDIAN S	, , , IN	DIAMAI OLIO, IN 402									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PP	CSI) (MONROE CO.) - 42°	1 SOUTH COLL	LEGE Ci	ity or t	own, of pregna BLOOM	ncy terminat	ion		County of preg	nancy MON	
Patient's age**	1.7	ind hot	Date of pregr	nancy terminat	tion	Educa	tion					
36	Marı	Yes No		04/28/2016	tion	Educa	tion		Ma	ster's Degree		
Race American Indiana Native Hawaiian		-	Asian White	☐ Black or ☐ Other	r Afric	an American	☐ Unknow	vn		y anic or Latino Hispanic or Latin	0	Unknown
Live Births:		Number now living	2				Number no	w de	eceased	0		
Other Terminations	s:	Number of spontaneous	s terminations 0				Number of	indu	ced termi	nations 0		
Dates of terminations	s (Do	not include this termina	•			ost recent.)						
Fetus delivered alive	?	If yes, length of tim		red:		4		5	Compli	cation(s) of Pregr	ancy '	Termination
Yes N		in yes, length of the	ie retas sur viv	rea.			-	ı N	one	Пυ	terine	Perforation
									emorrhag			Laceration
Fetus viable? Yes • N	No.	If viable, medical re	eason for tern	nination:					nfection			l Products
l les 🕒 l	NO									_	ctame	1 Floducts
Pathological examina	otion	If yes, results:] (ther (Spe	cify)		
performed?	ation	ii yes, iesuits:										
☐ Yes ■ 1	No					this Yes			esult	in a maternal death?		
				Type of '	Termi	nation Procedur	res					
Procedure that Termi	inated	Pregnancy		71	-	Additional Pr		Terr	ninated P	regnancy		
_												
Medical (Nonsu Medical (Nonsu	rgical) Misoprostol					(Nonsurgical (Nonsurgical	1) M	isoprosto	1		
Medical (Nonsu	rgical	Other (Specify)				☐ Medical	(Nonsurgical	1) O	ther (Spec	cify)		
Medical (Surgic		enstrual Aspiration					(Surgical) S (Surgical) M					
Medical (Surgic							(Surgical) C					
For Medical (Surgica	al) pro	cedures, answer the foll	owing question	on.		For Medical ((Surgical) pro	ocedi	ures, answ	ver the following	questi	on.
Was the fetus viabl	e or h	ave a post fertilization a	ge at least 20	weeks?		Was the fett	us viable or h	nave	a post fer	tilization age at le	east 20	weeks?
☐ Yes ■							Yes No		1	Ü		
If the previous questi	ion wa	is answered yes, comple	ete the followi	ng questions.		If the previou	s question w	as ar	iswered y	es, complete the	follow	ing questions.
	the b	est opportunity to survi	ve?				us given the l		opportuni	ty to survive?		
		etermination that the pre	anant ware	had a acedir:	ion	_	_		ninotion t	hat the pregnant	wom c	n had a condition
that required the pr		re to avert death or serio				that require						nt to the pregnant
woman?						woman?						
· ·				I					T _			
Date last normal men		egan 3/01/2016		Physician es	stimate	e of gestation (i	n weeks)		Post fe	ertilization age of	the fe	tus (in weeks)
How were the gestati		ige and post fertilization	age determin	ned?		-			1			
ULTRASOUND												
Full name of physicia DR. CAROL DELLII												
	_	rming termination (num		t, city, state, a	ınd zip	code)						
200 S. MERIDIAN S	ST, IN	DIANAPOLIS, IN 462	225									
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	City or t	own, of pregna	•			County of pregnan	cy termination DNROE				
Patient's age**	3.7		Date of pregn	ancy termin	nation	Educa	ntion						
Patient's age** 22	Mai	ried ☐ Yes ■ No		nancy termin 04/28/2016		Educa	iiiOII		Asso	ociate Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)	<u> </u>			0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:				cation(s) of Pregnanc	ry Termination				
☐ Yes ■ I	No								None	☐ Uteri	ne Perforation		
					☐ Hemorrhage ☐ Cervical Lacerati								
Fetus viable? Yes I	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products		
	.10												
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No				Did this termination of pregnancy result in a mater								
				☐ Yes	s 🔳 No)							
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
Medical (Nonsu		•							/lifepriston	•			
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol				
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)			
Medical (Surgio	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration			
☐ Medical (Surgio	cai) (nner (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?		
☐ Yes [Yes [
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus gives	n the	best opportunity to surv	ive?			Was the fet	ne giver	the best	opportunit	y to survive?			
Yes [140.				Yes [_	оррогини	y to survive:			
What was the basis	for c	letermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination tl	hat the pregnant wor	nan had a condition		
that required the pr		ire to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
Date last normal men		•		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)		
How were the '		03/01/2016 age and post fertilization	n ago doto'	pad?		7				5			
ULTRASOUND													
Full name of physician performing termination											1		
DR. CAROL DELLI	_	-											
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t						_							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMING	OD (PPC	SI) (MONROE CO.) - 4:	21 SOUTH COLL	EGE	City or to	wn, of pregna BLOOM	•		County of pregnancy termination MONROE
D. C. C. C.	1		D : 2			1			
Patient's age** 23	Marrie	ed Yes No	Date of pregn	ancy termina 04/28/2016		Educa	tion		ool Diploma or GED
Race American Indian	na or Ala	ska Native	☐ Asian	☐ Black of	or African	American		Ethnicity Hisp	anic or Latino
Native Hawaiian		r Pacific Islander lumber now living	■ White	Other				known Not loer now deceased	Hispanic or Latino Unknown
Live Births:	N	lumber of spontaneou	0 Is terminations					per of induced termi	0 nations
Other Termination	пэ.	ot include this termin	0	han sin (6)	41	4 manam4)	1 (41116		0
1		n incluae inis termin 2						5	6
Fetus delivered aliv		If yes, length of ti							cation(s) of Pregnancy Termination
☐ Yes ■	No							■ None	☐ Uterine Perforation
								Hemorrhag	e Cervical Laceration
Fetus viable? Yes	No	If viable, medical	reason for term	ination:				☐ Infection	Retained Products
	110								_
Pathological examin	nation	If yes, results:						Other (Spec	ctyy)
performed?		ii yes, resuits.							
☐ Yes ■	No							Did this terminati ☐ Yes ■ N	on of pregnancy result in a maternal death?
				Type of	f Termina	tion Procedur	res		
Programme 41.4 T	ninot- 1 P	bragnar av		1) pc 01				a that Tamesian 1 B	ragnanay
Procedure that Tern					'			e that Terminated P	
☐ Medical (Nons ☐ Medical (Nons						☐ Medical ☐ Medical	(Nonsu (Nonsu	rgical) Mifepriston rgical) Misoprosto	e I
Medical (Nons						Medical	(Nonsu	rgical) Other (Spec	ify)
Medical (Surgi								cal) Suction Curetta	
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical ☐ Medical	(Surgic (Surgic	cal) Menstrual Aspi cal) Other (Specify)	ration
For Medical (Surgice	cal) proce	edures, answer the fo	llowing questio	nn .		For Medical (Surgice	al) procedures answ	ver the following question.
								_	
	oie or nav	ve a post fertilization	age at least 20	weeks?			us viabi Yes [tilization age at least 20 weeks?
If the previous ques	tion was	answered yes, comp	lete the following	ng questions	s. i	If the previou	s questi	ion was answered y	es, complete the following questions.
Was the fetus give ☐ Yes		st opportunity to surv	vive?				us giver Yes [n the best opportuni	ty to survive?
	_			1-1 "	,;	_	_	_	hards an annual to the term
		ermination that the part to avert death or ser				What was the that required	ne basıs d the pr	for determination to ocedure to avert dea	hat the pregnant woman had a condition ath or serious impairment to the pregnant
woman?						woman?			
Date last normal me	_			Physician	estimate o	of gestation (i	n weeks	Post fe	ertilization age of the fetus (in weeks)
How were the gesta		/29/2016 e and post fertilization	on age determin	ed?		10			8
ULTRASOUND			<u> </u>						
Full name of physic DR. CAROL DELL	INGER								
Address of physicia 200 S. MERIDIAN	-	ning termination (nu DIANAPOLIS, IN 46		t, city, state,	and zip co	ode)			
**Date Reported	to DCS	if Patient under 1	4 (month day	vear):					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna	ancy termina MINGTON	ntion		County of pre	gnancy MON	
Patient's ag-**			Data of	nonov to	otic=	P.4	ution					
Patient's age** 33	Marrie [ed ☐ Yes ■ No	Date of pregr	04/28/2016		Educa	uiUII		Asso	ciate Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	n American	Unknov			nnic or Latino Hispanic or Latin	no	Unknown
Live Births:	N	fumber now living	1				Number no	ow de	ceased	0		
Other Termination	s: N	lumber of spontaneou	us terminations	1			Number of	f indu	ced termin	nations 0		
Dates of termination 1. UNKNOWN	s (Do no	ot include this termin		than six (6), t		st recent.)		5		6.		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	ration(s) of Preg	nancy	Termination
☐ Yes ■ 1	No						0	■ No	one	□ t	Jterine	Perforation
								□ н	emorrhage	e 🔲 (Cervica	l Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				☐ In:	fection	П я	Retaine	d Products
	. 10									_	commo	a Froducts
Deth desired annuiv	-4:	T614						O ₁	ther (Spec	rty)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No						Dio		terminatio	1 0 3	result	in a maternal death?
							<u> </u>	res	le No)		
				Type of	f Termin	ation Procedu	res					
Procedure 41-4 T-	ingto 1 D	baananay		1 ypc O	- 10111111			t Ta	inotad P	agnon av		
Procedure that Term		•				Additional P						
Medical (NonsuMedical (Nonsu							(Nonsurgica (Nonsurgica					
Medical (Nonsu							(Nonsurgica					
Medical (Surgio	cal) Suc	tion Curettage				☐ Medical	(Surgical) S	Suction	n Curetta	 ge		
Medical (Surgio		nstrual Aspiration					(Surgical) (Surgical)			ration		
- Wedlear (Surgio	car) Our	er (speegy)				Wedlean	(Burgicur)	Other	(Бресцу)			
	-1\		11			EM-4:1	(C:1)			41 £-11		-
For Medical (Surgice										er the following	-	
	le or hav No	e a post fertilization	age at least 20	weeks?			us viable or l Yes No		a post fert	ilization age at l	least 20) weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	s.	If the previou	ıs question w	was an	swered ye	es, complete the	follow	ing questions.
	n the bes	st opportunity to surv	vive?				us given the Yes \[\] N		pportunit	y to survive?		
		ermination that the p										n had a condition
that required the property woman?	rocedure	to avert death or ser	rious impairmer	nt to the preg	gnant	that require woman?	d the proced	lure to	avert dea	th or serious im	pairme	ent to the pregnant
Woman.						Wollian.						
Date last normal me	nees boo	ran		Dhysician	actimata	of gestation (in weeks)		Post for	rtilization age o	f the fo	tus (in waaks)
Date last normal me	_	gan /14/2016		1 Hysiciali	commate	6	in weeks)		1 051 16.	anzanon age 0	4	ius (iii weeks)
How were the gestat					•							
ULTRASOUND												
Full name of physici	an nerfo	rming termination										
DR. CAROL DELLI	NGER	_	, ,		, .							
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip o	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE
- Manied	ancy termination 04/28/2016	Educa	tion	<u>~</u>	ol Diploma or GED
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Uni		nnic or Latino Hispanic or Latino
Live Births: Number now living 1				er now deceased	0
Other Terminations: Number of spontaneous terminations 1			Numb	er of induced termin	nations 0
Dates of terminations (Do not include this termination. If more t 1. UNKNOWN 2. 3.		ost recent.)		5	6
Fetus delivered alive? If yes, length of time fetus surviv	red:			Complic	eation(s) of Pregnancy Termination
☐ Yes ■ No				None	☐ Uterine Perforation
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	e Cervical Laceration
☐ Yes ■ No				☐ Infection	☐ Retained Products
				Other (Spec	ify)
Pathological examination performed? If yes, results:					
☐ Yes ■ No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?
	Type of Term	ination Procedur	res		
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	egnancy
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol		☐ Medical ☐ Medical	(Nonsu	rgical) Mifepristono rgical) Misoprostol	e
Medical (Nonsurgical) Other (Specify)				rgical) Other (Special	
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgica	al) Suction Curettag al) Menstrual Aspir	ge ration
Medical (Surgical) Other (Specify)		☐ Medical	(Surgical	al) Other (Specify)	
			· ·	1) 1	4 6 11
For Medical (Surgical) procedures, answer the following question				•	er the following question.
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		Yes		ilization age at least 20 weeks?
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes 🗀	the best opportunit No	y to survive?
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmer					hat the pregnant woman had a condition the or serious impairment to the pregnant
woman?	it to the pregnant	woman?	u the pro	ocedure to avert dea	an or serious impairment to the pregnant
	I pi · · ·) [
Date last normal menses began 02/24/2016	Physician estimat	te of gestation (i 13	n weeks	Post fer	rtilization age of the fetus (in weeks) 11
How were the gestational age and post fertilization age determin	ed?			•	
02.13.000.10					
Full name of physician performing termination DR. CAROL DELLINGER					
Address of physician performing termination (number and stree	t, city, state, and zip	o code)			
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225					
**Date Reported to DCS, if Patient under 14 (month, day,	year):				-

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (P	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna BLOOM	•			County of pregnan	cy termination DNROE
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	ntion				
39	Mai	ried ☐ Yes ■ No		nancy termin 04/28/2016		Educa	iiiOII		Some Co	ollege, No Degree	
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	3				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin	0 ation. If more to	han six (6),	those me	ost recent.)	<u> </u>			0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnanc	ry Termination
☐ Yes ■ 1	No								None	☐ Uteri	ne Perforation
								I	Hemorrhage	e 🔲 Cervi	cal Laceration
Fetus viable? Yes 1	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products
	.10										ned i foducts
									Other (Spec	cify)	
Pathological examination performed?	ation	If yes, results:									
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?
								☐ Ye	s 🔳 No)	
				Туре	of Termi	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
Medical (Nonsu		•							//////////////////////////////////////	•	
Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsu	rgical) N	/lisoprostol		
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)	
Medical (Surgio	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge	
☐ Medical (Surgic	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ration	
☐ Medical (Surgio	cai) (nner (Specify)					(Surgic	ai) Otne	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?
	□ N						Yes [
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus gives	n the	best opportunity to surv	ive?			Was the fet	ne giver	n the best	opportunit	y to survive?	
Yes Yes			140.				Yes [_	оррогини	y to survive:	
What was the basis	for c	letermination that the pr	egnant woman	had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition
that required the pr		ire to avert death or ser				that require					ment to the pregnant
woman?						woman?					
						1					
Date last normal mer		•		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)
How was 41		03/04/2016	n aga d-4- '			8				6	
How were the gestate ULTRASOUND											
22											
Full name of physic:	an ro	rforming tarmingtion									1
DR. CAROL DELLI	_	rforming termination R									
Address of physician	n perf	orming termination (num	mber and street	t, city, state,	, and zip	code)					
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225								
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	 year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	town, of pregna BLOOM	•			County of pregnan	cy termination DNROE
Patient's age**		., 1	Date of pregn	ancy tormi	nation	Educa	tion				
21	Mai	ried ☐ Yes ■ No		04/21/2016		Educa	шоп		Some Co	ollege, No Degree	
Race American Indiana Native Hawaiian		laska Native	Asian White		or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ 1	No							• 1	None	☐ Uterii	ne Perforation
								Пі	Hemorrhage	e 🛭 Cervi	cal Laceration
Fetus viable?		If viable, medical	reason for term	nination:					Ü	_	
☐ Yes ■ 1	No							☐ I	nfection	Retain	ned Products
									Other (Spec	eify)	
Pathological examina	ation	If yes, results:									
performed?	No							D: 1.11		<u> </u>	1. 1.1.40
L les L	NO									on of pregnancy resu	lt in a maternal death?
				Trees -	of Torres	nation Decard-	rec	_			
				1 ype o	n reimii	nation Procedu					
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
Medical (Nonsu									//Iifepriston		
Medical (Nonsu) Misoprostol) Other (Specify)							Misoprostol Other (Speci		
	15104	y Giller (Speedyy)				Wiedican	(1 tonsu	igical) c	outer (speed	937	
Medical (Surgic						Medical	(Surgic	al) Sucti	on Curettag	ge .	
☐ Medical (Surgic		Ienstrual Aspiration ther (Specify)							strual Aspir r (Specify)	ration	
_								ŕ	. 1		
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.
		ave a post fertilization	age at least 20	weeks?			_	_	a post fert	ilization age at least	20 weeks?
☐ Yes ☐	No	1					Yes [_ No			
If the previous questi	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	is questi	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus giver	the	est opportunity to surv	ive?			Was the fet	us giver	the best	opportunit	y to survive?	
☐ Yes ☐	No						Yes [No			
		etermination that the pr								hat the pregnant won	
that required the pr woman?	ocedi	re to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant
woman.						woman.					
Date last normal mer		•		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)
How ware the cost-t		3/08/2016 age and post fertilization	n aga datama'-	l ned?		6				4	
ULTRASOUND											
Full name of -1'	00	forming tompic-ti									
Full name of physicion DR. CAROL DELLII	_	-									
		orming termination (num	mber and street	t, city, state,	, and zip	code)					
	-	IDIANAPOLIS, IN 46									
**Date Reported to	o DC	S, if Patient under 14	4 (month. day	vear):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Price of Programs Manifold Yes No O42/22016 Policy Pol	Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	_EGE	City or t	town, of pregna BLOOM	ancy term			County of pregnan	cy termination NROE
Rec	D	ı		D			T = -					
Anticina hobitant or Alanka Notive White Other Chick mode White Other Chick mode Chick perific Notification of Chick Pacific Notification Chick perific Chick mode Other Terminations Notification Notifi	21	Marr			-		Educa	ation			<u> </u>	
Number of sportuneous terminations Number of sportuneous terminations Number of induced terminations Number of induced terminations Number of induced terminations	American Indian				_		an American	☐ Unl	known	■ Hispa	nic or Latino	☐ Unknown
Dates of translations Dates of sportunations (1) Post include this terminations (1) Post of the state	Live Births:		Number now living	0				Numbe	er now d	eceased	0	
Dates of terminations (Do not neclade bits termination). If yes, length of time fents startly of the new tends (16), shone most recent.) Fettas delivered alive? Fettas delivered alive? Ves	Other Termination	ıs:	Number of spontaneou		i			Numbe	er of ind	uced termin	nations	
Fitts delivered alive? Complication(s) of Programey Termination None Credital Laboration None Credital Laboration None Cervical Laboration None			not include this termin	0 ation. If more t	than six (6).	those me	ost recent.)				0	
None Certine Perforation Petus viable? If viable, medical reason for termination: If viable, medical reason for termination: If viable, medical reason for termination: If free from the perforation If viable, medical reason for termination: If yes, results: If	1			*			4		5		6	
Feius viable?	Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	/ed:					Complic	cation(s) of Pregnanc	y Termination
Form wisher Infection Retained Products Retained Products Infection Retained Products	☐ Yes ■	No							■ N	None	☐ Uterii	ne Perforation
Form wisher Infection Retained Products Retained Products Infection Retained Products									П	Hemorrhage	e 🛭 Cervi	cal Laceration
Pathological examination Pathological examination Pathological examination Procedure Pathological examination Pathological examination Pathological examination Procedure Pathological examination Pathologic			If viable, medical	reason for term	nination:					C		
Pathological examination performed? No If yes, results: Type of Termination Procedures Did this termination of pregnancy result in a maternal death? Yes No	∐ Yes ■	No							∐ I	nfection	☐ Retain	ned Products
Procedure that Terminated Pregnancy Additional Procedures that Terminated Pregnancy Additional Procedure (Nonsurgical) Microprostone Medical (Surgical) Microprostone Medical (Surgical										Other (Spec	cify)	
Type of Termination Procedures		ation	If yes, results:									
Type of Termination Procedures Type of Termination Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Miseprostone Medical (Nonsurgical) Miseprostone Medical (Nonsurgical) Miseprostone Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curertage Medical (Surgical) Suction Curertage Medical (Surgical) Suction Curertage Medical (Surgical) Suction Curertage Medical (Surgical) Other (Specify) Medical (Surgical) Suction Curertage Medical (Surgical) Suction Curertage Medical (Surgical) Other (Specify) Medical (Surgical) Suction Curertage Medical (Surgical) Suction Curertage Medical (Surgical) Suction Curertage Medical (Surgical) Suction Curertage Medical (Surgical) Suction Sucretage Medical (Surgical) Other (Specify) Medical (Surgical) Suction Sucretage Medical (Surgical) Succion Curertage Medical (Surgical) Succion Sucretage Medical (Sur		No							Did this	s terminatio	on of pregnancy resu	It in a maternal death?
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstral Aspiration Medical (Surgical) Other (Specify) Med												it in a maternar death.
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstral Aspiration Medical (Surgical) Other (Specify) Med												
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstral Aspiration Medical (Surgical) Other (Specify) Med					Type o	of Termi	nation Procedu	ıres				
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Menstrual Aspiration Medical (Surgical) Procedures, answer the following question. Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No Medical (Surgical) Procedures, answer dyes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Yes No No Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best	Dona 1 d m		D		-31-0				4			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No No Yes No No Yes No No Yes No No Yes Yes Yes No Yes	Procedure that Term	ıınated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy	
Medical (Konsurgical) Other (Specify)							Medical	(Nonsur	gical) N	Aiseprestol	e	
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							Medical	(Nonsur	gical) N	Other (Speci	ify)	
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)												
Medical (Surgical) Other (Specify)												
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) Address of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) Address of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) Address of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	For Medical (Surgic	al) pro	cedures answer the fo	llowing questic			For Medical	(Surgical	1) proced	lures answ	er the following que	 stion
Yes No Yes Yes No Yes No Yes Yes No Yes Yes No Yes Yes No Yes No Yes Yes Yes No Yes Yes Yes No Yes								_	_			
Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began		_		age at least 20	weeks?					a post fert	ilization age at least	20 weeks?
Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began	If the previous quest	tion wa	s answered ves comn	lete the followi	na auestion	c	If the previou	ne anesti	on was a	newered ve	es complete the follo	owing questions
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began O3/08/2016 How were the gestational age and post fertilization age determined? ULTRASOUND Physician estimate of gestation (in weeks) Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225					ing question			_		-	_	owing questions.
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 03/08/2016 Physician estimate of gestation (in weeks) 6 Post fertilization age of the fetus (in weeks) 4 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225			est opportunity to surv	rive?						opportunit	y to survive?	
that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began O3/08/2016 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225			stormination 41 d	roanent	hods - 1	ition			_	minot!- 1	not the mes	oon had a socialist.
Date last normal menses began 03/08/2016 Brown and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	woman?						woman?					
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	Date last normal me	nses be	egan		Physician	estimate	e of gestation (in weeks)	Post fer	rtilization age of the	fetus (in weeks)
Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225		0	3/08/2016									·
Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	_	tional a	ge and post fertilization	n age determin	ned?							
DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	ULTRASOUND											
DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225		-	-			-			-			
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225				mher and street	t city state	and zin	(code)					
		-	-		., спу, мие,	, απα ζιρ	coue,					
**Date Reported to DCS, if Patient under 14 (month, day, year):	**Data Dan 1	to DC	S if Dationt we 1 1	1 (m and). 1								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregr BLOC	nancy ter			County of pregnan	cy termination DNROE
Patient's age**	17	. ,	Date of pregn	ancy termin	nation	Eduz	ation				
Patient's age** 27	Marr	ied □ Yes ■ No		nancy termin 04/21/2016		Educ	autoll		Mas	ster's Degree	
Race American Indiana Native Hawaiian o			Asian White	☐ Black	or Africa	an American	U	nknown		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:]	Number now living	0				Num	ber now d	eceased	0	
Other Terminations:	: 1	Number of spontaneou					Num	ber of ind	uced termin	nations 0	
Dates of terminations	(Do r	ot include this termin	ation. If more t	than six (6),	those mo	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:					Complic	cation(s) of Pregnand	ry Termination
☐ Yes ■ N	0							• 1	None	☐ Uteri	ne Perforation
								 	Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable?	Ío.	If viable, medical	reason for term	nination:				_ ,	nfection	— □ Potoi	ned Products
☐ Yes ■ N	O										ned Products
] 🗆 (Other (Spec	cify)	
Pathological examinat performed?	tion	If yes, results:									
Yes N	lo							Did this	s termination	on of pregnancy rest	Ilt in a maternal death?
								☐ Yes		0	
				Туре о	of Termin	nation Proced	ures				
Procedure that Termin	Pregnancy		Additional	Procedu	re that Ter	minated Pr	regnancy				
Medical (NonsurMedical (Nonsur									Aifepriston Aisoprostol		
Medical (Nonsur									Other (Spec		
Medical (Surgica	1) \$11	ction Curattaga				☐ Medica	1 (Surgi	ical) Sucti	on Curetta	ga	
☐ Medical (Surgica	al) Mo	enstrual Aspiration				☐ Medica	ıl (Surgi	ical) Mens	strual Aspin	ration	
☐ Medical (Surgica	ıl) Ot	her (Specify)				☐ Medica	ıl (Surgi	cal) Other	r (Specify)		
For Medical (Surgical	l) prod	cedures, answer the fol	lowing questic	on.		For Medica	(Surgio	cal) proced	lures, answ	ver the following que	estion.
	_	ve a post fertilization						_		tilization age at least	
Yes [ive a post fertilization	age at least 20	weeks:			Yes		a post tert	ilization age at least	20 weeks?
If the previous question	on wa	s answered ves. compl	ete the followi	ng auestions	s.	If the previo	ous aues	tion was a	nswered ve	es, complete the follo	owing questions.
				ng question		•	•		•	•	swing questions:
Was the fetus given ☐ Yes ☐		est opportunity to surv	ive?			_	tus give Yes		opportunit	ty to survive?	
What was the basis	for do	termination that the pr	rognant woman	had a aandi	ition	What was	tha hasi	is for datas	mination t	hat the pregnant wor	non had a condition
		e to avert death or seri									ment to the pregnant
woman?						woman?					
Date last normal mens	ses be	gan		Physician	estimate	e of gestation	(in week	ks)	Post fe	rtilization age of the	fetus (in weeks)
	02	2/28/2016		Ţ		9				7	
How were the gestation			_	_							
ULTRASOUND											
Full name of physician DR. CAROL DELLIN	-	-									
Address of physician			nber and stree	t, city. state	and zin	code)					
200 S. MERIDIAN S	-	-		.,,,,	Lip	/					
**Date Reported to	DCS	S if Patient under 1	1 (month day	vear).							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna BLOOM	nncy termina	ation		County of pre	gnancy MON	
Dations 2			D-4 C		-4:-	l mi	4:					
Patient's age**	Marrie	d Yes • No	Date of pregr	04/21/2016		Educa	ition			ollege, No Deg	gree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		7 anic or Latino Hispanic or Lati	no	Unknown
Live Births:		umber now living					Number n			0		
Other Termination	s: N	umber of spontaneou	us terminations	1			Number o	of indu	ced termi			
Dates of termination			•	, ,,		st recent.)				0		
I					4	•		5	Complic	cation(s) of Pres	onancy '	Termination
Fetus delivered alive		If yes, length of ti	me retus surviv	ved:				■ N			•	Perforation
								_				
Fetus viable?		If viable, medical	reason for term	nination:				∐ Н	lemorrhag	e	Cervica	Laceration
Yes •	No							☐ Ir	fection		Retaine	d Products
								□ O	ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Di	id this	termination	on of pregnancy	y result	in a maternal death?
								Yes	■ No	0		
				f Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy			Additional Pr	rocedure tha	at Terr	ninated Pr	regnancy			
Medical (Nonsu							(Nonsurgic					
Medical (Nonsu							(Nonsurgic (Nonsurgic					
Medical (Surgio	ral) Suc	tion Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge		
☐ Medical (Surgio	cal) Mer	nstrual Aspiration				■ Medical	(Surgical)	Mens	trual Aspi			
Medical (Surgio	car) Otn	er (<i>Specify)</i>				☐ Medical	(Surgical)	Otner	(Ѕресі <u></u> ју)			
For Medical (Surgical	al) proce	dures, answer the fo	llowing question	on.		For Medical	(Surgical) p	rocedi	ures, answ	er the followin	g questi	on.
	le or hav No	e a post fertilization	age at least 20	weeks?			us viable or Yes 🔲 N		a post fert	ilization age at	least 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.		If the previou	ıs question v	was ar	iswered ye	es, complete the	e follow	ing questions.
	n the bes	st opportunity to surv	vive?				us given the Yes \[\] N		opportunit	ty to survive?		
	_	ermination that the p	regnant woman	n had a condit	tion	_	_		nination t	hat the pregnan	t woma	n had a condition
		to avert death or ser										nt to the pregnant
woman:						woman:						
Data last 1	man- 1			Dia: '	anti 1	of on-t-t'	i		D C		£41 C	tuo (in sure les)
Date last normal me	_	an 07/2016		Pnysician	esumate	of gestation (a	ın weeks)		Post fe	rtilization age o	of the fe	ius (<i>in weeks)</i>
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					1			
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	_										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPCS		21 SOUTH COLLI	EGE	City or t	town, of pregna BLOON			County of preg	gnancy termination MONROE
Detient? - 44	Ι_		Date of	oma== ' '	mat:	F-1	ti a			
Patient's age** 27	Married	Yes No	Date of pregna	ancy termi 04/21/201		Educa	uon		helor's Degree	
Race American Indian Native Hawaiian	or Other	Pacific Islander	Asian White	☐ Black		an American	Un		y vanic or Latino Hispanic or Latir	no 🔲 Unknown
Live Births:	Nu	imber now living	0				Numb	per now deceased	0	
Other Termination	ns: Nu	imber of spontaneou					Numb	per of induced term		
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	those me	ost recent.)		5	6	
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:				Compli	cation(s) of Preg	nancy Termination
☐ Yes ■	NO							None	□ t	Iterine Perforation
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorrha	ge 🔲 C	Cervical Laceration
☐ Yes ■	No	· · · · · · · · · · · · · · · · · · ·						☐ Infection	□ R	tetained Products
								Other (Spe	cify)	
Pathological examin	ation	If yes, results:								
performed? Yes	No							Did this terminat	on of pregnancy	result in a maternal death?
								☐ Yes ■ N		
				Type	of Tormi	nation Procedu	rac			
Procedure that Tame	ningted D.	agnangy		1 ype	or reillill			a that Tarminatad F	ragnangy	
Procedure that Term		•						e that Terminated F		
Medical (Nonsu	urgical) N	Misoprostol				☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto	ol	
☐ Medical (Nonsu	argical) (Other (Specify)				Medical	(Nonsu	rgical) Other (Spe	cify)	
☐ Medical (Surgio		on Curettage strual Aspiration						al) Suction Curetta al) Menstrual Asp		
Medical (Surgio								al) Other (Specify)		
For Medical (Surgic	al) proced	lures, answer the fo	llowing questio	n.		For Medical	Surgica	al) procedures, answ	wer the following	question.
Was the fetus viab ☐ Yes [_	a post fertilization	age at least 20 v	weeks?			us viabl Yes [e or have a post fer No	tilization age at l	east 20 weeks?
If the previous quest	tion was a	nswered yes, comp	lete the followir	ng question	ıs.	If the previou	s questi	ion was answered y	es, complete the	following questions.
Was the fetus give ☐ Yes [opportunity to surv	rive?				us giver Yes [the best opportun	ity to survive?	
		rmination that the pr								woman had a condition
that required the programmer woman?	rocedure t	to avert death or ser	ious impairmen	t to the pre	gnant	that require woman?	d the pr	ocedure to avert de	ath or serious im	pairment to the pregnant
Date last normal me	nses begg	n		Physician	n estimate	e of gestation (i	n week	s) Post fi	ertilization age of	f the fetus (in weeks)
	02/2	28/2016		•		9		, , , ,		7
How were the gestational age and post fertilization age determined? ULTRASOUND										
SETTAGOGIAD										
Full name of physician	_	ming termination								
DR. CAROL DELLI Address of physician		ing termination (nu	mber and street	, city, state	, and zip	code)				
200 S. MERIDIAN	_	-			- x	· 				
**D-4 B	- Dag	: CD-4: 1 1	47 4							
**Date Reported t	to DCS,	II Patient under 1	4 (month, day, y	year):					_	

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna BLOOM	•			County of pregnan	cy termination DNROE
Patient's age**		., 1	Date of pregn	ancy termin	nation	Educa	ntion				-
Patient's age** 23	Maı	ried ☐ Yes ■ No		nancy termin 04/21/2016		Educa	iiiOII		Asso	ociate Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black	or Africa	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	1				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin		
Dates of termination 1. 10/19/2014	s (Do	not include this termina	v	than six (6),		ost recent.)		5		6	
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ I	No							• 1	None	☐ Uterii	ne Perforation
								П	Hemorrhag	e \Box Cervi	cal Laceration
Fetus viable?	NT _	If viable, medical	reason for term	nination:							
☐ Yes ■ I	NO							I	nfection	☐ Retain	ned Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No										lt in a maternal death?
								☐ Yes	s 🔳 No	D	
											1
				Type o	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
Medical (Nonsu	ırgica	Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e	
Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsu	rgical) N	/lisoprostol		
Medical (Nonsu	ırgıca	l) Other (Specify)				Medical	(Nonsu	rgical) C	Other (Spec	ify)	
		uction Curettage							on Curetta		
☐ Medical (Surgio		Instrual Aspiration Other (Specify)							strual Aspir r (Specify)	ration	
	•							1			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) procec	lures, answ	er the following que	stion.
Was the fetus viable Yes		have a post fertilization	age at least 20	weeks?		_	us viabl Yes [_	a post fert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the followin	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.
		best opportunity to surv	ive?					_	opportunit	ty to survive?	
Yes						_	Yes L	_			
		etermination that the prior to avert death or seri								hat the pregnant won	nan had a condition ment to the pregnant
woman?	occui	are to avert deads of seri	ious impuirmen	it to the preg	Simin	woman?	a the pr	occdure t	o uvert dec	an or serious impuni	ment to the pregnant
Date last normal men	nses h	egan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)
	(03/01/2016				7				5	()
How were the gestat											
ULTRASOUND											
Full name of physici DR. CAROL DELLI	_	rforming termination R									
	-	orming termination (num		t, city, state,	and zip	code)					
200 S. MERIDIAN S	51,1	NDIANAPOLIS, IN 46	225								
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_	

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Dationt's**		<u> </u>	Doto of -	oner: t ·	notic-	17:1	tion				
Patient's age** 22	Maı	ried Yes I No	Date of pregn	04/21/2016		Educa	ition	ļ		ol Diploma or GEE)
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin	0 ation. If more th	han six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ I	No							• 1	None	☐ Uterii	ne Perforation
								Пі	Hemorrhage	e ∏ Cervi	cal Laceration
Fetus viable?		If viable, medical	reason for term	nination:					Ü		
☐ Yes ■ I	No							📙 1	nfection	☐ Retan	ned Products
									Other (Spec	cify)	
Pathological examin	ation	If yes, results:									
performed?	No							Did this	s terminatio	on of pregnancy resu	lt in a maternal death?
	110							Yes		on of pregnancy resu	it iii a maternar deatir:
				Type o	of Termi	nation Procedu	res				
D		1.0		1 J pc 0							
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
Medical (Nonsu									/lifepriston		
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)							Misoprostol Other (Speci		
<u> </u>											·
		uction Curettage Ienstrual Aspiration				Medical	(Surgic	al) Sucti	on Curettag strual Aspir	ge ration	
Medical (Surgio									r (Specify)	ation	
F M I' 1/6	1)	1 4 6	n : .:			- M 1: 1	/G :	1)	1	.1 6.11	
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.
	le or l ■ No	have a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at least	20 weeks?
	_	as answered yes, compl	lete the following	ng questions	s.	_		_	nswered ye	es, complete the follo	owing questions.
		best opportunity to surv					_		-	y to survive?	
Yes [Yes [_	TT	• · · · · · · · · · · · · · · · · · · ·	
		etermination that the pr								hat the pregnant wor	
that required the pi woman?	ocedi	ire to avert death or ser	ious impairmen	it to the preg	gnant	woman?	d the pr	ocedure t	o avert dea	ith or serious impairi	ment to the pregnant
Date last normal men		-		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)
How were the gestat		02/07/2016 age and post fertilization	n age determin	l led?		11				9	
ULTRASOUND	.01141	and post fortinzation	age determini								
	_	rforming termination									
DR. CAROL DELLI					7 •	- 1-1					
	-	orming termination (number of the NDIANAPOLIS, IN 46		t, city, state,	and zip	code)					
	ار , ال										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day, 3	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	-			County of pregnar	DNROE	
Patient's age** 31	Mar	ried No	Date of pregn	nancy termina 04/21/2016		Educa	tion		Asso	ciate Degree		
Race American Indiana Native Hawaiian		her Pacific Islander [Asian White	☐ Black o	or Africa	an American	☐ Unl		☐ Not H	nic or Latino lispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numbe	er now d	eceased	0		
Other Terminations	:	Number of spontaneou	s terminations 1				Numbe	er of ind	uced termin	nations 1		
Dates of terminations 1. UNKNOWN	(Do	not include this termina 2. UNKNOWN	tion. If more t	than six (6), t	those mo	ost recent.)		5		6		
Fetus delivered alive		If yes, length of tin	ne fetus surviv	/ed:					Complic	ation(s) of Pregnand	cy Termination	
☐ Yes ■ N	lo							■ N	None	☐ Uteri	ne Perforation	
Fetus viable?		If viable, medical r	eason for term	aination:				□ I	Hemorrhage	e 🔲 Cerv	ical Laceration	
Yes N	lo	ii viable, illedicai i	eason for term	illiation.				☐ I	nfection	☐ Retai	ned Products	
									Other (Spec	ify)		
Pathological examina	tion	If yes, results:										
performed? ☐ Yes ■ N	No.							Did this	terminatio	n of pregnancy resi	alt in a maternal death?	
103	10							Yes			nt in a maternar deatir:	
				Type of	f Termir	nation Procedu	res					
Procedure that Termi	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone												
☐ Medical (Nonsur ☐ Medical (Nonsur) Misoprostol) Other (Specify)							Iisoprostol ther (<i>Speci</i>	fy)		
Medical (Surgical)	-1\ S	uction Curettage				☐ Medical	(Surgice	al) Sucti	on Curettag	TA		
	al) N	Ienstrual Aspiration				Medical	(Surgica	al) Mens	trual Aspir			
☐ Medical (Surgica	ai) C	ther (<i>specify</i>)				Medicai	(Surgica	ai) Otnei	(Specify)			
	1)	1 (1 6 1					(G	•		.1 6.11		
	_	ocedures, answer the following					_	_		er the following que		
Was the fetus viable ☐ Yes ■		ave a post fertilization a	ige at least 20	weeks?			us viable Yes		a post ferti	llization age at least	20 weeks?	
If the previous question	on w	as answered yes, comple	ete the followi	ng questions		If the previou	s questio	on was a	nswered ye	s, complete the foll	owing questions.	
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us given Yes 🗀		opportunit	y to survive?		
		etermination that the pro-									man had a condition	
that required the pro woman?	ocedu	re to avert death or seri-	ous impairmer	nt to the preg	nant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant	
Date last normal men	ses b	egan		Physician	estimate	e of gestation (i	n weeks)	Post fer	tilization age of the	e fetus (in weeks)	
Haman da e d		2/07/2016		- 10		11				9		
How were the gestation	onal	age and post fertilization	ı age determin	iea?								
Full name of physicia DR. CAROL DELLIN	_	-										
		orming termination (num	nber and stree	t, city, state,	and zip	code)						
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE	City or t	town, of pregna BLOOM	ancy term			County of pregnance	y termination NROE	
.	1		D : 0			1						
Patient's age** 18	Marri	ed □ Yes ■ No	Date of pregn	nancy termir 04/21/2016		Educa	ntion	ŀ		ol Diploma or GED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Unk	nown		nic or Latino lispanic or Latino	☐ Unknown	
Live Births:	1	Number now living	0				Numbe	r now d		0		
Other Termination	s. I	Number of spontaneou					Numbe	er of ind	uced termin	nations		
		ot include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	ation(s) of Pregnancy	Termination	
☐ Yes ■	No							■ N	None	☐ Uterin	e Perforation	
								□ F	Hemorrhage	e 🔲 Cervic	al Laceration	
Fetus viable? Yes	No	If viable, medical	reason for term	nination:					nfection	— □ Patain	ed Products	
l les 🗀 .	NO										ed Floducts	
									Other (Spec	ify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this			t in a maternal death?	
								☐ Yes				
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated	Pregnancy				Additional P	rocedure	that Ter	minated Pro	egnancy		
										•		
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsurg	gical) M gical) M	Iifepristone Iisoprostol			
		Other (Specify)				Medical	(Nonsurg	gical) C	ther (Speci	fy)		
Medical (Surgio	cal) Su	ction Curettage				☐ Medical	(Surgical	1) Sucti	on Curettag	7e.		
☐ Medical (Surgio	cal) Me	enstrual Aspiration				☐ Medical	(Surgical	l) Mens	strual Aspir			
Medical (Surgio	cal) Ot	her (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgical)) proced	lures, answ	er the following ques	tion.	
Was the fetus viab	le or ha	ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [_	F	8				Yes		p			
If the previous quest	tion was	s answered yes, comp	lete the following	ng question:	s.	If the previou	ıs questio	n was a	nswered ye	s, complete the follo	wing questions.	
Was the fetus give	n the he	est opportunity to surv	iva?			Was the fet	ue given i	the best	opportunit	y to survive?		
was the fetus give		or opportunity to surv	140:				Yes		opportunit	y to survive:		
What was the basis	s for de	termination that the pr	egnant woman	n had a cond	ition	What was t	he basis f	for deter	mination th	at the pregnant wom	an had a condition	
that required the pr		e to avert death or ser				that require				th or serious impairm		
woman?						woman?						
L						<u>I</u>						
Date last normal me		gan 5/06/2016		Physician	estimate	e of gestation (in weeks)	1	Post fer	tilization age of the	fetus (in weeks)	
77	10	6				4						
How were the gestat ULTRASOUND	tional a	ge and post fertilization	n age determin	ned?								
JETRAGOGNE												
F-11 C 1 1 2												
Full name of physici DR. CAROL DELLI	_	-										
		ming termination (nu	mber and stree	t, city, state,	, and zip	code)						
	-	DIANAPOLIS, IN 46			^	<u></u> .						
**Date Reported t	to DCS	5, if Patient under 1	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregnar	ncy termination ONROE			
Patient's age**		., 1	Date of pregn	ancy termin	nation	Educa	tion				1			
32	Maı	ried □ Yes ■ No		nancy termin 04/21/2016		Educa	iliOII		Some Co	ollege, No Degree				
Race American Indiana Native Hawaiian			Asian White	☐ Black	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	3				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations				
Dates of termination	s (Do	not include this termin	0 ation. If more t	han six (6),	those me	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnan	cy Termination			
☐ Yes ■ 1	No								None	☐ Uteri	ne Perforation			
								I	Hemorrhage	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes 1	No.	If viable, medical	reason for term	nination:				Пі	nfection	□ Reta	ined Products			
	.10										med Froducts			
									Other (Spec	cify)				
Pathological examination performed?	ation	If yes, results:												
☐ Yes ■	No									on of pregnancy res	ult in a maternal death?			
								☐ Ye	s 🔳 No)				
				Туре о	of Termin	nation Procedu	res							
Procedure that Terminated Pregnancy Additional Procedure that										regnancy				
☐ Medical (Nonsu	raica	1) Mifanristona				☐ Madical	(Noneu	raical) N	//////////////////////////////////////	a				
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol					
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)				
Medical (Surgice)	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge				
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration				
☐ Medical (Surgio	ai) C	iner (Specify)				☐ Medical	(Surgic	ai) Otne	r (Specify)					
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?			
	■ No						Yes [No	•					
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus give	n the	best opportunity to surv	rive?			Was the fet	us oiver	the best	opportunit	y to survive?				
Yes [Yes [_	оррогия	y to survive.				
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	man had a condition			
	ocedi	ire to avert death or seri	ious impairmer	nt to the preg	gnant		d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant			
woman?						woman?								
Date last normal men		-		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)			
How were thet		03/01/2016	m ago doto'	l ad?		6				4				
ULTRASOUND	ionai	age and post fertilizatio	n age determin	ieu :										
Full name of physic:	an r-	rforming tarmingtion									1			
DR. CAROL DELLI	_	rforming termination R												
Address of physician	n perf	orming termination (num	mber and stree	t, city, state,	and zip	code)								
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	.EGE Ci	ity or town		ncy termination		County of pregnance	cy termination NROE
Detical and			D-1 C			l F 1	4:			
Patient's age**	Marrie [d Yes No		nancy terminat 04/21/2016	tion	Educat	tion		ollege, No Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black or ☐ Other	African A	merican	Unknown		y anic or Latino Hispanic or Latino	Unknown
Live Births:	N	umber now living	1				Number now d		0	
Other Termination	s: N	umber of spontaneou	us terminations 10				Number of ind	uced termi		
Dates of termination 1. 01/14/2016		ot include this termin				ecent.) NKNOWN	J	JNKNOW	·	KNOWN
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:				Compli	cation(s) of Pregnanc	y Termination
Yes •	No							None	☐ Uterin	e Perforation
							ı	Hemorrhag	ge 🔲 Cervio	cal Laceration
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Infection	☐ Retain	ned Products
								Other (Spec	cify)	
Pathological examin	ation	If yes, results:					—	Julei (Spec	Lijy)	
performed?		ir yes, results.								
☐ Yes ■	No						Did thi ☐ Ye			It in a maternal death?
								<u> </u>		
				Type of '	Terminatio	n Procedu	es			
Decorder 4 C	ingt-1P	#0.0m.om.g		Type of				in -4- 1 P	no amon or -	
Procedure that Term					ocedure that Ter		•			
Medical (Nonsu							(Nonsurgical) N (Nonsurgical) N			
Medical (Nonsu							(Nonsurgical) (
Medical (Surgional Control Contro	cal) Suc	tion Curettage			_ _		(Surgical) Sucti			
Medical (Surgio		nstrual Aspiration er (Specify)					(Surgical) Men (Surgical) Othe			
	,	1 337						(1 35)		
For Medical (Surgic	al) proce	edures, answer the fo	llowing questic	on.	 For	r Medical (Surgical) proced	lures, answ	ver the following ques	 stion.
	_	e a post fertilization							tilization age at least	
	No No	e a post fortingation	age at least 20	weeks.			Yes No	a post for	anzación ago ac ioast.	20 WOOKS.
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.	If t	he previou	s question was a	nswered y	es, complete the follo	wing questions.
	n the bes	st opportunity to surv	rive?		V	Vas the fett	us given the best Yes \(\sime\) No	opportuni	ty to survive?	
		ermination that the p							hat the pregnant wor	
that required the programmer woman?	rocedure	to avert death or ser	ious impairmer	nt to the pregna		nat required oman?	d the procedure	to avert dea	ath or serious impairn	nent to the pregnant
Date last normal me	nses hea	an		Physician es	stimate of o	restation (i	n weeks)	Post fa	ertilization age of the	fetus (in weeks)
	02/	07/2016		-		7		1 031 10	5	icus (in weeks)
How were the gestat	ional age	e and post fertilization	n age determin	ned?						
ULTRASOUND										
F-11 6 1 1 1										
Full name of physici	NGER	_								
Address of physician 200 S. MERIDIAN	-	-		t, city, state, ai	nd zip code	?)				
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 4:	21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	ancy terr			County of pregnan	cy termination DNROE	
D. C. at all all all all all all all all all	1		D. C			I						
Patient's age** 26	Marr	ied □ Yes ■ No	Date of pregn	nancy termin 04/21/2016		Educa	ation	I	High Scho	ol Diploma or GEI)	
Race American Indian Native Hawaiian			Asian White	☐ Black ■ Other		an American	☐ Un	known		nnic or Latino Hispanic or Latino	Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0		
Other Termination	ıs:	Number of spontaneou	us terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	is (Do i	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0		
1		2				4		5	C 1'	6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:				_		cation(s) of Pregnand	•	
								• 1	None	☐ Uteri	ne Perforation	
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhage	e 🔲 Cervi	cal Laceration	
☐ Yes ■	No	,						☐ I	nfection	Retai	ned Products	
									Other (Spec	cify)		
Pathological examin	ation	If yes, results:										
performed?	No							Did this	torminatio	on of prognancy ross	ult in a maternal death?	
	110							Yes			Ilt in a maternal death?	
				Туре	of Termi	nation Procedu	res					
Procedure that Term	ninated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy		
Medical (Nonsu	urgical) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aifepriston Aisoprostol			
Medical (Nonst	urgical)	Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)		
Medical (Surgio									on Curettag			
☐ Medical (Surgion Med		enstrual Aspiration ther (Specify)							strual Aspir r (<i>Specif</i> y)	ration		
For Madical (Surgice	(a1) pro	cedures, answer the fo	llowing questic			For Medical	(Surai o	1) proces	hiros answ	er the following que	estion	
			• 1				_	_				
	le or ha	ave a post fertilization	age at least 20	weeks?			us viabl Yes		a post fert	ilization age at least	20 weeks?	
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng question	ıs.	If the previou	us questi	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give	n the h	est opportunity to surv	vive?				_		-	y to survive?		
Yes [est opportunity to surv	ive.				Yes [оррогили	y to survive:		
		etermination that the p								hat the pregnant wor		
that required the process woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	ed the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant	
Date last normal me	neec b	agan		Physician	a Actimot	e of gestation (in wool-	e)	Doct for	rtilization age of the	fetus (in weeks)	
Date last normal me		egan 3/02/2016		1 mysician	i csuillati	e of gestation (in weeks	· <i>)</i>	rost iei	runzation age of the 5	icius (in weeks)	
_	tional a	ge and post fertilization	on age determin	ned?								
ULTRASOUND												
[
Full name of physics DR. CAROL DELLI	-	-										
		rming termination (nu	mber and stree	t, city, state,	, and zip	code)						
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225									
**Date Reported	to DC	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	.EGE	City or to	own, of pregna	nncy terminat	tion		County of pre	gnancy MON	
Dations 2			D-4 C		-4: -	1	4:					
Patient's age** 22	Marrie [ed Yes No	Date of pregr	04/21/2016		Educa	tion			ollege, No Deg	ree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unknov			nic or Latino Iispanic or Lati	no	Unknown
Live Births:		umber now living	0				Number no			0		
Other Termination	s: N	umber of spontaneou					Number of	f induc	ed termin			
Dates of termination			v			st recent.)				0		
I					4	l		5	Complic	ation(s) of Preg	nancy '	Termination
Fetus delivered alive		If yes, length of ti	ille fetus surviv	red:				■ No	•	_		Perforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:			L	He	emorrhage	e ∐ (Cervical	Laceration
Yes •	No							Inf	fection	☐ F	Retained	d Products
								Ot	her (Spec	ify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Did	d this t	erminatio	on of pregnancy	result	in a maternal death?
								Yes	■ No)		
				Type of	f Termin	ation Procedu	res					
Procedure that Term	inated P	regnancy				Additional Pr	rocedure that	t Term	inated Pr	egnancy		
Medical (Nonsu							(Nonsurgica					
Medical (Nonsu							(Nonsurgica (Nonsurgica					
Medical (Surgio	ral) Suc	tion Curettage				☐ Medical	(Surgical) S	Suction	n Curettae	ne		
☐ Medical (Surgio	cal) Me	nstrual Aspiration				■ Medical	(Surgical) N	Menstr	ual Aspir			
Medical (Surgio	car) Oth	er (<i>Specify</i>)				☐ Medical	(Surgical) (Otner (<i>Specify)</i>			
	•											
For Medical (Surgice	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) pr	rocedu	res, answ	er the following	g questi	on.
	le or hav	e a post fertilization	age at least 20	weeks?			us viable or l Yes		post fert	ilization age at	least 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.		If the previou	is question w	vas ans	swered ye	es, complete the	follow	ing questions.
	n the be	st opportunity to surv	vive?				us given the Yes \[\] No		pportunit	y to survive?		
		ermination that the p	regnant women	had a condit	tion	_	_		ination th	nat the pregnant	Woman	n had a condition
that required the pr		to avert death or ser				that require						nt to the pregnant
woman?						woman?						
				I m					I n -		0.1	
Date last normal me	_	an (01/2016		Physician 6	estimate	of gestation (i	in weeks)		Post fer	rtilization age o	f the fe	tus (in weeks)
How were the gestat			on age determin	ned?					l			
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		t, city, state, o	and zip	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregn BLOO	ancy ter			County of pregnan	cy termination NROE	
Patient's age**	1.4	riad	Date of pregn	nancy termin	nation	Educ	ation					
36	Mai	ned ■ Yes □ No		04/21/2016		Lauc	/11		Bach	nelor's Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	■ Unknown	
Live Births:		Number now living	0				Numb	oer now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations				Numl	per of ind	uced termin			
Dates of termination 1. UNKNOWN	s (Do	not include this termin		than six (6),		ost recent.)		5		6		
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination	
☐ Yes ■ I	No							• 1	None	☐ Uterii	ne Perforation	
								 	Hemorrhag	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes I	Vo.	If viable, medical	reason for term	nination:					nfection	□ Retair	ned Products	
	.10									_	ned Froducts	
								🗆 (Other (Spec	cify)		
Pathological examin performed?	atıon	If yes, results:										
☐ Yes ■	No										It in a maternal death?	
								☐ Yes	s 🔳 No	0		
					6 m ·							
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
									minated Pr	regnancy		
Medical (Nonsu									Mifepriston			
☐ Medical (Nonsu ☐ Medical (Nonsu		Other (Specify)							Aisoprostol Other (<i>Spec</i>			
Medical (Surgional Control Contro	2 (le	uction Curattaga				☐ Medica	(Surgic	val) Sucti	on Curetta	ga.		
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspir			
Medical (Surgio	cal) C	ther (Specify)				☐ Medica	l (Surgic	al) Othe	r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.	
	le or h	ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
	_	as answered yes, compl	ete the followi	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?			_	tus giver Yes [_	opportunit	ty to survive?		
What was the basis	s for d	etermination that the pr	egnant woman	had a cond	ition	_	_		mination t	hat the pregnant wor	nan had a condition	
that required the pr		ire to avert death or seri				that require					ment to the pregnant	
woman?						woman?						
Date last normal men		egan 3/07/2016		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)	
How were the gestat		age and post fertilization	n age determin	l ned?		0				4		
ULTRASOUND		· 										
Full name of physici DR. CAROL DELLI	NGE	₹				• .						
	-	orming termination (num		t, city, state,	, and zip	code)						
	,											
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Adplanned Parenthoo AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or t	own, of pregna	-			County of pregnar	DNROE		
Patient's age** 25	Mar	ried No	Date of pregn	nancy termina 04/21/2016		Educa	tion		Bach	elor's Degree			
Race American Indiana Native Hawaiian	or Ot	her Pacific Islander [Asian White	☐ Black o	or Afric	an American		known	☐ Not F	nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations	s:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 1			
Dates of terminations	s (Do	not include this termina	v	than six (6), t	hose mo	ost recent.)							
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	ved:		4		5	Complic	ation(s) of Pregnan	cy Termination		
Yes N		in yes, rengan or an	io recas sur ere	ca.				■ N	None	☐ Uteri	ne Perforation		
									Hemorrhage		ical Laceration		
Fetus viable?	т_	If viable, medical r	eason for term	nination:					Ü	_			
☐ Yes ■ N	NO								nfection	_	ned Products		
									Other (Spec	ify)			
Pathological examina performed?	ation	If yes, results:											
☐ Yes ■ 1	No							Did this			alt in a maternal death?		
							l		S <u>= 140</u>)			
				Type of	f Termi	nation Procedur	res						
December 1 to 200	Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
_		•								•			
Medical (Nonsu:									Aifepriston Aisoprostol				
	☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify) ☐ Medical (Nonsurgical) Other (Specify)												
Medical (Surgic									on Curettag				
☐ Medical (Surgice Medical (Surgice Figure)		Ienstrual Aspiration ther (Specify)							strual Aspir r (Specify)	ration			
_													
For Madical (Surgice	1) pro	ocedures, answer the following	lowing question			For Medical	Curring	1) pr oged	luras answ	or the following au	ogtion		
	_						_	gical) procedures, answer the following question.					
Was the fetus viable Yes		ave a post fertilization a	ige at least 20	weeks?			Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous questi	on wa	as answered yes, comple	ete the following	ng questions.		If the previou	ıs questi	on was a	nswered ye	es, complete the foll	owing questions.		
•		pest opportunity to survi				•	•		•	y to survive?			
Yes Yes							Yes [оррогили	y to survive.			
		etermination that the pro-									man had a condition		
that required the pro- woman?	ocedu	re to avert death or serie	ous impairmer	nt to the preg	nant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Date last normal men	ises b	egan		Physician	estimate	e of gestation (i	in weeks	;)	Post fer	rtilization age of the	e fetus (in weeks)		
	0	2/13/2016				7		-		5	, ,		
How were the gestati ULTRASOUND	onal	age and post fertilization	n age determin	ned?									
OLINAGOUND													
Full name of physicia	an pei	forming termination									1		
DR. CAROL DELLIN	NGE	₹											
= -	-	orming termination (num		t, city, state,	and zip	code)							
200 G. WIENIDIAN S	, ı , II'	IDIANAI OLIO, IN 402											
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	PP(1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
Patient's age**	Marr	ied □ Yes ■ No	Date of pregn	nancy termina		Educa	tion		9th-12	th, No Diploma	
Race American Indiana o		aska Native [☐ Asian ■ White			an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown
Live Births:]	Number now living	0				Numb	er now d	eceased	0	
Other Terminations:]	Number of spontaneous	s terminations 0				Numb	er of ind	uced termii	nations 0	
Dates of terminations	(Do r		,	than six (6), t	hose me	ost recent.)					
1	_	2				4		5	Complic	cation(s) of Pregnan	cy Termination
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus surviv	red:					•	_	•
									None	_	ine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				I	Hemorrhage	e 🗌 Cerv	ical Laceration
☐ Yes ■ No)							☐ I	nfection	☐ Reta	ined Products
									Other (Spec	cify)	
Pathological examination performed?	ion	If yes, results:									
Yes No	0							Did this	s termination	on of pregnancy res	ult in a maternal death?
								☐ Yes			
				Type of	f Termii	nation Procedu	res				
Procedure that Termin	ated	Pregnancy				Additional Pa	ocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Miseprestal											
	Medical (Nonsurgical) Minepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Me										
	51041)	Since (Speedy))					(1 (01100		die (Spee)	977	
Medical (SurgicalMedical (Surgical		ction Curettage enstrual Aspiration							on Curettag strual Aspin		
☐ Medical (Surgical) Ot	her (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical)) prod	cedures, answer the following	owing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.
Was the fetus viable	or ha	ive a post fertilization a	ige at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	t 20 weeks?
☐ Yes ■	No	•					Yes [No	•		
If the previous question	n wa	s answered yes, comple	ete the followi	ng questions.		If the previou	is questi	ion was a	nswered ye	es, complete the fol	owing questions.
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
What was the basis for	or de	termination that the pro	egnant woman	had a condit	tion	What was t	he basis	for deter	mination th	hat the pregnant wo	man had a condition
that required the prod		e to avert death or serie				that require					ment to the pregnant
woman?						woman?					
									,		
Date last normal mens	Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) UNKNOWN 9										
How were the gestatio			n age determin	l ned?						'	
ULTRASOUND											
Full name of physician DR. CAROL DELLIN	_	-									
Address of physician p			ber and stree	t, city, state.	and zip	code)					
200 S. MERIDIAN ST		-			- 1	· 					
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	town, of pregna BLOOM	•			County of pregnar	ncy termination ONROE	
Patient's age**	3.5	. ,	Date of pregn	ancy termin	nation	Educa	tion				-	
Patient's age**	Maı	ried ☐ Yes ■ No		nancy termin 04/21/2016		Educa	LIOII		9th-12	th, No Diploma		
Race American Indiana Native Hawaiian			Asian White	☐ Black	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations		
Dates of termination	s (Do	not include this termin	0 ation. If more t	han six (6),	those me	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■ 1	No								None	☐ Uteri	ne Perforation	
									Hemorrhag	e 🔲 Cerv	ical Laceration	
Fetus viable? Yes 1	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Reta	ined Products	
	.10										med Froducts	
									Other (Spec	cify)		
Pathological examination performed?	ation	If yes, results:										
☐ Yes ■	No									on of pregnancy res	ult in a maternal death?	
								☐ Ye	s 🔳 No	0		
				Туре о	of Termin	nation Procedu	res					
Procedure that Term	inated	l Pregnancy		rocedure	that Ter	minated Pr	egnancy					
☐ Medical (Nonsu	raica	1) Mifanristona				☐ Madical	(Noneu	raical) N	/lifepriston	<u>.</u>		
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol			
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)		
Medical (Surgice)	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge		
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspin	ration		
☐ Medical (Surgio	ai) C	iner (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.	
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	20 weeks?	
	■ No						Yes [•	C		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	on was a	nswered ye	es, complete the foll	owing questions.	
Was the fetus give	n the	best opportunity to surv	rive?			Was the fet	us oiver	the best	opportunit	ty to survive?		
Yes [Yes [_	оррогии	y to survive.		
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he basis	for deter	mination tl	hat the pregnant wo	man had a condition	
	ocedi	ire to avert death or seri	ious impairmer	nt to the preg	gnant		d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant	
woman?						woman?						
						I						
Date last normal men		-		Physician	estimate	e of gestation (in weeks	i)	Post fe	rtilization age of the	e fetus (in weeks)	
How were thet		03/05/2016	m ago doto'	l ad?		7				5		
ULTRASOUND	ionai	age and post fertilizatio	n age determin	ieu :								
Full name of physic:	an r-	rforming tarmingtion									1	
DR. CAROL DELLI	_	rforming termination R										
Address of physician	n perf	orming termination (num	mber and stree	t, city, state,	and zip	code)						
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregn BLOO	ancy teri			County of pregnand	cy termination	
Datient's ago**		. ,	Date of proces	ancy termin	nation	Educ	ation					
Patient's age** 32	Marr	ied □ Yes ■ No	Date of pregn	04/21/2016		Educ	atiOII		Bach	elor's Degree		
Race American Indian Native Hawaiian			Asian White	■ Black □ Other	or Afric	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:]	Number now living	0				Numb	er now d	eceased	0		
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin			
Dates of termination	is (Do r	ot include this termin	ation. If more t	than six (6),	those me	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination	
	110							• 1	None	☐ Uterir	ne Perforation	
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhago	e Cervi	cal Laceration	
Yes I	No	ii viable, medicar	reason for term	imation.				□ I	nfection	☐ Retair	ned Products	
									Other (Spec	rify)		
Pathological examin	ation	If yes, results:							(~ _I	357		
performed?												
☐ Yes ■	No							Did this			It in a maternal death?	
				Tyma -	of Torm:	nation Decas 1-	1rac					
_				1 ype 0	n reimii	nation Procedu						
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone												
Medical (Nonsu						☐ Medica	l (Nonsu	rgical) N	Aifepriston	e		
Medical (Nonsu		Other (Specify)				☐ Medica☐ Medica	l (Nonsu l (Nonsu	rgical) N rgical) C	Aisoprostol Other (Speci	ify)		
Madian (Compi	1\ C	-ti Ctt				☐ Madias	I (C:-	-1) C4:	C#-			
	cal) Mo	enstrual Aspiration				☐ Medica	l (Surgic	al) Mens	on Curettag strual Aspir			
Medical (Surgio	cal) Ot	her (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) prod	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.	
Was the fetus viab	le or ha	we a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes [_	1	6				Yes [1	C		
If the previous quest	ion wa	s answered yes, comp	lete the following	ng questions	S.	If the previo	us questi	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give	n the b	est opportunity to surv	vive?			Was the fe	tus giver	the best	opportunit	y to survive?		
☐ Yes [11 7					Yes [11			
		termination that the pr								hat the pregnant won		
that required the programmer woman?	rocedur	e to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the pr	ocedure t	o avert dea	th or serious impairr	nent to the pregnant	
Details 1	1			Di. · ·		£	· · · · · · · · · · · · · · · · · · ·	-1	D · C		Estar (in 1)	
Date last normal me		gan 2/24/2016		Pnysician	estimate	e of gestation (ın weeks	S)	Post fe	rtilization age of the 6	ietus (in weeks)	
How were the gestat		ge and post fertilization	on age determin	ned?					1			
ULTRASOUND												
Full name of physici	-	-										
DR. CAROL DELLI		rming termination (nu	mhor and stress	t city state	and sin	code)						
	-	DIANAPOLIS, IN 46		.,y, siaie,	, ини цр	couc _j						
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or t	own, of pregna	•				ancy termination MONROE
Patient's age**	Marı	ried No	Date of pregn	nancy termina 04/21/2016		Educa	tion	ı	High Scho	ol Diploma or G	ED
Race American Indiana Native Hawaiian o		laska Native [Asian White			an American	□ Un	known	Ethnicity Hispa		
Live Births:		Number now living	0					er now d		0	
Other Terminations:	:	Number of spontaneous					Numb	er of ind	uced termin		
Dates of terminations	(Do	not include this termina		than six (6), t	hose mo	ost recent.)				0	
1		2				4		5	C 1:	6	
Fetus delivered alive? Yes No		If yes, length of tin	ne fetus surviv	ved:					•	ation(s) of Pregna	
								■ N	None	_	erine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🗌 Cei	vical Laceration
☐ Yes ■ N	O							☐ I	nfection	Ret	rained Products
									Other (Spec	ify)	
Pathological examinat performed?	tion	If yes, results:									
Yes N	Ю							Did this	s terminatio	on of pregnancy re	esult in a maternal death?
								☐ Yes	s 🔳 No)	
				Type of	f Termii	nation Procedur	res				
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
Medical (Nonsur									lifepriston	e	
☐ Medical (Nonsur ☐ Medical (Nonsur									lisoprostol other (Speci	ify)	
Medical (Surgica)	1) Sı	action Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	TA	
☐ Medical (Surgica)	d) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir		
☐ Medical (Surgica	ii) O	ther (Specify)				☐ Medical	(Surgic	al) Other	r (Specify)		
For Medical (Surgical	l) pro	cedures, answer the foll	lowing questic	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following q	uestion.
Was the fetus viable ☐ Yes		ave a post fertilization a	nge at least 20	weeks?			us viabl Yes [a post fert	ilization age at lea	st 20 weeks?
						_	_	_			
If the previous question	on wa	as answered yes, comple	ete the following	ng questions.	•	If the previou	s questi	ion was a	nswered ye	s, complete the fo	ollowing questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				ıs giver Yes □		opportunit	y to survive?	
What was the basis t	for de	etermination that the pre	eonant woman	had a condit	tion	What was th	ne hasis	for deter	mination th	nat the pregnant w	oman had a condition
that required the pro		re to avert death or serio				that require					airment to the pregnant
woman?						woman?					
									1		
Date last normal mens		egan 2/07/2016		Physician	estimate	e of gestation (i	n weeks	5)	Post fer	_	he fetus (in weeks)
How were the gestation		age and post fertilization	n age determin	ned?		<u>-</u>			1	<u> </u>	
ULTRASOUND											
Full name of physician DR. CAROL DELLIN	_	-									
		rming termination (nun	nber and street	t, city, state,	and zip	code)					
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225								
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ade PLANNED PARENTHOOD AVENUE, BLOOMINGTON	O (PPCSI) (MONROE CO.) - 42	21 SOUTH COLLEGE	City or to		ncy termination		County of pregnancy	y termination NROE		
To 1		D. C.	• .•	l = -	··					
Patient's age** 36	Married ☐ Yes ■ No	Date of pregnancy term 04/21/20		Educa	tion		ociate Degree			
Race American Indiana	or Alaska Native r Other Pacific Islander	☐ Asian ☐ Blace ■ White ☐ Oth		an American	Unknown		/ anic or Latino Hispanic or Latino	Unknown		
Live Births:	Number now living	2	<u> </u>		Number now o		0			
Other Terminations:	Number of spontaneou				Number of inc	luced termi				
	(Do not include this termin	0 ation If more than six (6	(i) those mo	ost recent)			1			
1. 09/24/2007	2	3		4	5		6			
Fetus delivered alive?	, , ,	me fetus survived:				Complic	cation(s) of Pregnancy	Termination		
☐ Yes ■ No					■	None	☐ Uterine	Perforation		
					— П	Hemorrhag	e \Box Cervic:	al Laceration		
Fetus viable?	· · · · · · · · · · · · · · · · · · ·	reason for termination:				C	_			
☐ Yes ■ No						Infection	☐ Retaine	ed Products		
						Other (Spec	cify)			
Pathological examinat performed?	ion If yes, results:									
Yes No	o				Did thi	s termination	on of pregnancy result	in a maternal death?		
					☐ Ye					
		Тур	e of Termin	nation Procedu	res					
Procedure that Termin	ated Pregnancy	71			ocedure that Te	rminated D	reanancy			
	gical) Mifepristone gical) Misoprostol			☐ Medical ☐ Medical	(Nonsurgical) I (Nonsurgical) I	Mifepriston Misoprostol	e I			
	gical) Other (Specify)			☐ Medical	(Nonsurgical)	Other (Spec	ify)			
Madical (Sympical	1) Sustian Cumattage			☐ Madical	(Surgical) Suct	ion Cumatta				
☐ Medical (Surgical	Suction Curettage Menstrual Aspiration			Medical	(Surgical) Men	strual Aspi				
Medical (Surgical	Other (Specify)			☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical)) procedures, answer the fo	llowing question.		For Medical	(Surgical) proce	dures, answ	ver the following quest	ion.		
Was the fetus viable	or have a post fertilization	age at least 20 weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
	No	age at least 20 weeks?			Yes No	e a post tert	ilization age at least 2	O weeks?		
If the previous questio	n was answered yes, comp	lete the following question	ons.	If the previou	s question was	answered ye	es, complete the follow	ving questions.		
		• •		_			-	& 1 · · · · ·		
Was the fetus given t ☐ Yes ☐	the best opportunity to surv No	nve!			us given the bes Yes No	ı opportunit	ty to survive?			
What was the basis f	or determination that the p	reonant woman had a co	ndition	What was th	he hasis for dete	rmination t	hat the pregnant woma	an had a condition		
that required the pro-	cedure to avert death or ser			that require			ath or serious impairm			
woman?				woman?						
Date last normal mens	es began	Physici	an estimate	of gestation (i	in weeks)	Post fe	rtilization age of the f	etus (in weeks)		
	01/20/2016			11						
_	nal age and post fertilization	on age determined?								
ULTRASOUND										
Full name of physician DR. CAROL DELLIN	n performing termination		_			_				
	GER performing termination (nu	mber and street city sto	te, and zin	code)						
	Γ , INDIANAPOLIS, IN 46		, ana Lip	- 540/						
<u> </u>	· · · · · · · · · · · · · · · · · · ·									
**Data Danortad to	DCS, if Patient under 1	1 (month day)								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregna	incy termin			County of preg	nancy MONF	
	Ī					1						
Patient's age** 27	Marrie [ed Yes • No	Date of pregr	nancy termina 04/21/2016		Educa	tion	F		ol Diploma or G	SED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		nnic or Latino Hispanic or Latin	0	Unknown
Live Births:	N	umber now living	0				Number 1	now de		0		
Other Termination	s: N	umber of spontaneou					Number	of indu	iced termi			
Dates of termination			v	, ,,		st recent.)				0		
Fetus delivered alive		If yes, length of ti			4	•		5	Complic	eation(s) of Pregn	ancy T	Cermination
Yes I		ii yes, iengui oi u	ille fetus surviv	/eu:				■ N	•	_	•	Perforation
Fetus viable?		If viable, medical	reason for term	nination:					lemorrhag	_		Laceration
Yes • 1	No							∐ Ir	nfection	∐ Ro	etained	Products
									ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										esult in	n a maternal death?
							L	Yes	■ No)		
				Tr., 0	Termination Procedures							
_												
Procedure that Term	inated P	regnancy				Additional Pr	ocedure th	at Terr	ninated Pr	regnancy		
Medical (Nonsu							(Nonsurgio					
Medical (Nonsu							(Nonsurgio					
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge		
	cal) Me	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)						
Wiedicai (Surgio	car) Our	ci (specify)				incutal (surgicus) state (specify)						
For Medical (Surgic	al) proce	aduras, answar the fo	llowing questic			For Medical	(Surgical) r	nroced	urae anew	er the following		on.
	_											
	e or hav	e a post fertilization	age at least 20	weeks?			us viable of Yes		a post fert	ilization age at le	east 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.		If the previou	s question	was ar	iswered ye	es, complete the f	followi	ng questions.
	n the bea	st opportunity to surv	vive?				us given the		opportunit	y to survive?		
	_	ermination that the p	regnant woman	n had a condit	tion	_	_		mination t	hat the pregnant	woman	had a condition
		to avert death or ser										nt to the pregnant
woman.						woman.						
Date last normal me	nees boo	ran		Physician	actimata	of gestation (i	in weeks		Post fo	rtilization age of	the for	us (in weeks)
Date last normal file	_	an (05/2016		1 Hysician 6	commate	10	n weeks)		1 OST 16	ranzauon age of	8	us (in weeks)
How were the gestat	ional ag	e and post fertilization										
ULTRASOUND												
Full name of physicia	an norf	emina taeminatiae										
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		t, city, state, o	and zip o	code)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnand MO	ey termination NROE		
Patient's age**		., 1	Date of pregn	ancy termin	nation	Educa	tion						
Patient's age** 26	Mar	ried ☐ Yes ■ No		nancy termin 04/21/2016		Educa	uon	ļ	High Scho	ol Diploma or GED	,		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black □ Other	or Africa	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina	0 ation. If more to	han six (6),	those mo	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No							• 1	None	☐ Uterin	e Perforation		
								Пі	Hemorrhag	e \square Cervic	cal Laceration		
Fetus viable?	NT o	If viable, medical	reason for term	nination:						_			
☐ Yes ■ I	NO							I	nfection	Retail	ned Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did thi	s terminatio	on of pregnancy resu	It in a maternal death?		
								☐ Ye)			
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inate	l Pregnancy				Additional P		that Tar	minated De	regnancy			
										•			
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
- M 1: 1/6 :	1) 0	· · · · · · · · · · · · · · · · · · ·					/G :	1) 0	- C #				
		uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	al) Sucu al) Mens	on Curetta strual Aspir	ge ration			
☐ Medical (Surgio	al) C	Other (Specify)							r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	Surgica	al) proced	lures answ	er the following ques	 stion		
							_	_					
	le or h ■ No	have a post fertilization	age at least 20	weeks?			us viabl Yes		a post fert	ilization age at least	20 weeks?		
If the pravious quest	ion w	as answered was compl	lata tha fallowi	na auastian		If the proviou	e anosti	on was a	navored va	os aamplata tha falla	vying questions		
ii the previous quest	ion w	as answered yes, compl	iete the follown	ng questions	s.	ii tile previot	is questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?			
	_					_	_						
		etermination that the properties of the properti								hat the pregnant won th or serious impairs			
woman?				1 .	-	woman?	1			1			
Date last normal men	ıses h	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)		
		02/04/2016		.,		10		,	23,10	8	(
=	age and post fertilization	ed?					•						
ULTRASOUND													
	_	rforming termination											
DR. CAROL DELLI		R orming termination (num	mhar and atus	t city state	and -i-	coda)							
	-	NDIANAPOLIS, IN 46		ı, cııy, sıaıe,	ана zīp	coue)							
		· · · · · · · · · · · · · · · · · · ·											
**D . P	F -	ag :cp	4.										
↑↑Date Reported t	o DC	S, if Patient under 14	4 (month, day, j	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregnand	cy termination			
Patient's age**		. ,	Date of pregn	ancy to	ation	Educa	tion							
31	Maı	ried □ Yes ■ No		o4/21/2016		Educa	ition	ı	High Scho	ol Diploma or GED)			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)	l							
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tir	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination			
	NO							• 1	None	☐ Uterir	ne Perforation			
F. 110		70 11 11 1	· ·	• .•				□ I	Hemorrhage	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for term	iination:				Πз	nfection	☐ Retair	ned Products			
										_	Tours Trouver			
		70							Other (Spec	rify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No									on of pregnancy resu	lt in a maternal death?			
								☐ Ye	s 🔳 No)				
				Type o	f Termi	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy				
										•				
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol					
		l) Other (Specify)							Other (Speci					
Medical (Surgional Control Contro	al) S	uction Curettage					(Surgic	al) Sucti	on Curetta	ge				
☐ Medical (Surgio	al) N	Ienstrual Aspiration												
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.			
Was the fetus viable	e or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
	■ No		age at least 20	weeks:			Yes [_	a post tert	mzation age at least	20 weeks:			
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	S.	If the previou	ıs questi	ion was a	nswered ve	es, complete the follo	owing questions.			
				8 1		_	_		-	_	<i>&</i> 1			
was the fetus gives Yes		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?				
What was the basis	ford	etermination that the pr	eonant women	had a condi	ition	What was f	he hacie	for deter	mination th	hat the pregnant won	nan had a condition			
that required the pr		ire to avert death or ser				that require				th or serious impairs				
woman?						woman?								
Date last normal men	ises t	egan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)			
	(02/14/2016				6				4	· 			
How were the gestat	ied?													
ULTRASOUND														
	-	rforming termination								-				
DR. CAROL DELLI		R orming termination (number of the contraction)	mher and stress	t city state	and sin	code)								
	-	NDIANAPOLIS, IN 46		i, ciiy, siaie,	ини ДІР	coue)								
		-,												
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregna BLOOM	ncy termin			, , ,	nancy termination MONROE		
	Ī					T =							
Patient's age** 22	Marrie [ed Yes • No	Date of pregr	nancy termina 04/14/2016		Educa	tion	F		ool Diploma or G	ED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		/ anic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber now living	2				Number	now de		0			
Other Termination	s: N	umber of spontaneou					Number	of indu	iced termi				
Dates of termination	,		•	. ,,		st recent.)				0			
Fetus delivered alive		If yes, length of ti			4	·		5	Complic	cation(s) of Pregna	ancy Termination		
Yes I		ii yes, ieligili oi ti	ilie ietus sui viv	reu.				■ N	•	_	erine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:					Iemorrhag		rvical Laceration		
Yes •	No							☐ Iı	nfection	☐ Re	tained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	termination	on of pregnancy re	esult in a maternal death?		
								Yes	■ No	0			
Type of Termination Procedures													
Procedure that Term	inated P	regnancy				Additional P	rocedure th	nat Terr	minated Pr	regnancy			
Medical (Nonsu							(Nonsurgi						
Medical (Nonsu Medical (Nonsu							(Nonsurgi						
									_				
Madical (Sympic	nal) Cua	tion Cuestions				☐ Medical	(Cumpinal)	Custi	on Cumatta				
	cal) Mei	nstrual Aspiration				Medical (Surgical) Menstrual Aspiration							
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)	proced	ures, answ	er the following o	question.		
	le or hav	e a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.		If the previou	is question	was ar	nswered ye	es, complete the fo	ollowing questions.		
	n the bes	st opportunity to surv	vive?				us given th		opportunit	ty to survive?			
	_	ermination that the p	reanant weeps	had a condi	tion	_	_		mination 4	hat the program	voman had a condition		
that required the pr		to avert death or ser				that require					airment to the pregnant		
woman?						woman?							
Date last normal me	_	an 05/2016		Physician o	estimate	of gestation (in weeks)		Post fe	_	the fetus (in weeks)		
How were the gestat			on age determin	ned?		14					. •		
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		t, city, state, o	and zip o	code)							
	,	,											
**Date Reported to DCS, if Patient under 14 (month, day, year):													

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnar	ocy termination ONROE			
Patient's age**		., 1	Date of pregn	ancy termin	nation	Educa	ntion							
Patient's age** 23	Maı	ried □ Yes ■ No		1ancy termin 04/14/2016		Educa	iiiOII		Some Co	ollege, No Degree				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations				
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)	<u> </u>			0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination			
☐ Yes ■ I	No								None	☐ Uteri	ne Perforation			
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes I	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products			
	.10										ned i roducts			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?			
								☐ Yes	s 🔳 No)				
				Туре	of Termin	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	raica	1) Mifanristona				☐ Madical	(Noneu	raical) N	//////////////////////////////////////	a				
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol					
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)				
Medical (Surgional Control Contro	al) S	uction Curettage				Medical (Surgical) Suction Curettage								
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
☐ Medical (Surgio	ai) C	iner (Specify)				Medical	(Surgic	al) Otne	r (Specify)					
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
	■ No						Yes [•	C				
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus give	n the	best opportunity to surv	ive?			Was the fet	us oiver	the best	opportunit	y to survive?				
Yes [Yes [_	оррогия	y to burvive.				
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	nan had a condition			
	ocedi	ire to avert death or seri	ious impairmer	nt to the preg	gnant		d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant			
woman?						woman?								
Date last normal men		-		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)			
How were the '	02/10/2016	pad?		8				6						
How were the gestational age and post fertilization age determined? ULTRASOUND														
Full name of physici	an r-	rforming tarmingtion									1			
DR. CAROL DELLI	_	rforming termination R												
		orming termination (num	mber and stree	t, city, state,	, and zip	code)								
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225											
**Date Reported to DCS, if Patient under 14 (month, day, year):														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PP	CSI) (MONROE CO.) - 421 SOUTH CO	DLLEGE	City or	town, of pregna	ncy term			County of pregna	ncy termination ONROE		
23	1arı	ied Date of pre ☐ Yes ■ No	egnancy term 04/14/201		Educa	tion	F	-	ol Diploma or GE	D		
Race American Indiana o Native Hawaiian or		<u>—</u>	☐ Blace		can American	☐ Unk	nown		nic or Latino Hispanic or Latino	Unknown		
Live Births:		Number now living	2			Numbe	r now de	eceased	0			
Other Terminations:		Number of spontaneous termination				Numbe	r of indu	iced termii				
Dates of terminations (Do .	not include this termination. If mor			ost recent.)							
I	_	2			4		5	Complic	ation(s) of Pregnan	cy Termination		
Fetus delivered alive? Yes No		If yes, length of time fetus surv	vivea:					•	_			
					None Uterine Perforation							
Fetus viable?		If viable, medical reason for te	rmination:				□ H	Iemorrhage	e 🗌 Cerv	rical Laceration		
☐ Yes ■ No							☐ Ir	nfection	Reta	ined Products		
								ther (Spec	ify)			
Pathological examination	on	If yes, results:										
performed? Yes No							Did this	terminatio	on of pregnancy res	ult in a maternal death?		
							Yes Yes			uit iii a matemai deam:		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurgi ☐ Medical (Nonsurgi	ical) Misoprostol			☐ Medical	(Nonsurg	gical) M	lifepristone lisoprostol				
☐ Medical (Nonsurgi	ical	Other (Specify)			☐ Medical	(Nonsurg	gical) O	ther (Speci	ify)			
Medical (Surgical)					☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
☐ Medical (Surgical) ☐ Medical (Surgical)		(enstrual Aspiration ther (Specify)						trual Aspir (Specify)	ration			
		(-1-35)				(,	(-1 35)				
For Medical (Surgical)	pro	cedures, answer the following ques	tion.		For Medical	Surgical) proced	ures, answ	er the following qu	estion.		
	-	ave a post fertilization age at least 2					•		ilization age at leas			
☐ Yes ■						Yes		-	-			
If the previous question	wa	as answered yes, complete the follow	wing questio	ns.	If the previou	s questio	n was ar	iswered ye	es, complete the fol	lowing questions.		
Was the fetus given th ☐ Yes ☐		est opportunity to survive?				us given Yes 🔲		opportunit	y to survive?			
		etermination that the pregnant wom								man had a condition		
that required the processions woman?	edu	re to avert death or serious impairm	nent to the pr	egnant	that require woman?	d the pro	cedure to	avert dea	th or serious impai	rment to the pregnant		
woman.					woman.							
Date last normal mense		egan 2/11/2016	Physicia	ın estimat	te of gestation (i	n weeks)		Post fer	rtilization age of th 5	e fetus (in weeks)		
How were the gestation	-	age and post fertilization age determ	nined?	'				<u> </u>				
ULTRASOUND												
Full name of physician DR. CAROL DELLING	_	=										
Address of physician po	erfo	orming termination (number and str	eet, city, stat	e, and zip	code)							
200 S. MERIDIAN ST	, IN	IDIANAPOLIS, IN 46225										
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE					
29 Yes • No	ancy termination 04/14/2016	Educa	tion		nelor's Degree					
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		anic or Latino Hispanic or Latino					
Live Births: Number now living 0			Numb	per now deceased	0					
Other Terminations: Number of spontaneous terminations			Numb	per of induced termin	nations					
Dates of terminations (Do not include this termination. If more to	han six (6), those n	nost recent.)			1					
1. <u>10/2015</u> 2 3		4		5	6					
Fetus delivered alive? If yes, length of time fetus surviv	ed:			Complic	cation(s) of Pregnancy Termination					
☐ Yes ■ No				None	☐ Uterine Perforation					
Fetus viable? If viable, medical reason for term	ination:			☐ Hemorrhag	e					
Yes No	imation:			☐ Infection	☐ Retained Products					
				Other (Spec	rify)					
Pathological examination If yes, results:				onler (spee	-037					
performed?										
☐ Yes ■ No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?					
L I										
Type of Termination Procedures										
Procedure that Terminated Pregnancy		Additional Pr	ocedure	e that Terminated Pr	regnancy					
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsu	rgical) Misoprostol						
Wedical (Nonsuigical) Other (Specify)		Wiedicai	(1voiisu	urgical) Other (Specify)						
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		Medical Medical	(Surgic	al) Suction Curetta al) Menstrual Aspir	ge ration					
Medical (Surgical) Other (Specify)				al) Other (Specify)	lation					
For Medical (Surgical) procedures, answer the following questic	on.	For Medical (Surgica	al) procedures, answ	ver the following question.					
Was the fetus viable or have a post fertilization age at least 20			_		ilization age at least 20 weeks?					
☐ Yes ■ No			Yes [inzation age at least 20 weeks.					
If the previous question was answered yes, complete the following	ng questions.	If the previou	s questi	ion was answered ye	es, complete the following questions.					
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us giver Yes [n the best opportunit No	y to survive?					
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition					
that required the procedure to avert death or serious impairmer woman?	nt to the pregnant	that require woman?	d the pr	ocedure to avert dea	ath or serious impairment to the pregnant					
		omaii:								
Date last normal menses began 02/06/2016	Physician estima	te of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 7					
How were the gestational age and post fertilization age determin	ed?				•					
ULTRASOUND	LTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (number and street	t, city, state, and zip	o code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
**Date Reported to DCS, if Patient under 14 (month, day,	Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna BLOOM	•			County of pregnan	cy termination DNROE	
Dationt's access			Date of	onov to	notion	p.1	tion					
Patient's age** 34	Maı	ried ■ Yes □ No	Date of pregn	ancy termin 04/14/2016		Educa	ition	ı	High Scho	ol Diploma or GED		
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termina		han six (6), i	those me	ost recent.)	l			<u> </u>		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	ry Termination	
	10							1	None	☐ Uterii	ne Perforation	
Fetus viable?		If viable, medical	reason for term	ination:				I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Yes I	No	ii viable, illedicar	reason for term	illiation.				I	nfection	☐ Retain	ned Products	
									Other (Spec	rify)		
Pathological examin	ation	If yes, results:						, L	Juici (Spec	-9y)		
performed?	ation	ii yes, resuits.										
☐ Yes ■	No							Did thi: ☐ Ye		on of pregnancy resu	lt in a maternal death?	
									3 🗀 110			
				Т	£ T							
Type of Termination Procedures												
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
Medical (Nonsu									// difepriston			
Medical (NonsuMedical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)							Misoprostol Other (<i>Spec</i>			
	1) 0				Medical (Surgical) Suction Curettage							
		uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	al) Sucti al) Mens	on Curetta; strual Aspii	ge ration		
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.	
Was the fetus viable	le or l	nave a post fertilization	age at least 20 y	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [age at reast 20	coms.			Yes [_	u post rer	incurrent age at reast	20 Weeks.	
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give	n the	best opportunity to surv	rive?			Was the fet	us giver	n the best	opportunit	ty to survive?		
☐ Yes [Yes [_	SFF	,		
		etermination that the pr								hat the pregnant won		
that required the pr woman?	ocedi	ire to avert death or seri	ious impairmen	it to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant	
Delle				Di · ·		<u> </u>		,			<u> </u>	
Date last normal men	egan 02/24/2016		e of gestation (ın weeks	5)	Post fe	rtilization age of the 5	ietus (in weeks)				
How were the gestat	ed?				1	<u> </u>						
ULTRASOUND												
Full name of physici DR. CAROL DELLI	_	rforming termination										
	-	orming termination (num		t, city, state,	and zip	code)						
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported to DCS, if Patient under 14 (month, day, year):										_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 4:	21 SOUTH COLL	.EGE	City or	town, of pregna BLOOM	ancy term			County of pregnan	cy termination			
	1					T								
Patient's age** 35	Marı	ried Yes I No	Date of pregn	nancy termir 04/14/2016		Educa	ntion			ollege, No Degree				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	□ Uni	known		nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2					er now d		0	симно и			
Other Termination	ne•	Number of spontaneou					Numb	er of ind	uced termin	nations				
		not include this termin	0 ation If more t	than six (6)	those m	ost recent)				0				
1		2				4		5		6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■	No							■ 1	None	☐ Uterii	ne Perforation			
								П	Hemorrhage	e \square Cervi	cal Laceration			
Fetus viable?		If viable, medical	reason for term	nination:					C					
Yes •	No							∐ I	nfection	☐ Retain	ned Products			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?			
								Yes						
Type of Termination Procedures														
Procedure that T-	inote 1	Pragnency		71 - 3				that T-	minoted D	ragnan av				
Procedure that Term	imated	Pregnancy				Additional P	rocedure	tnat Ter	minated Pr	egnancy				
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsur	rgical) N	Aifepristone Aisoprostol	e				
		Other (Specify)				☐ Medical	(Nonsui	rgical) C	Other (Speci	ify)				
								Surgical) Suction Curettage						
		action Curettage Tenstrual Aspiration							on Curettag strual Aspir					
Medical (Surgio									r (Specify)					
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	1) proced	lures, answ	er the following que	 stion.			
			• 1			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
	le or h No	ave a post fertilization	age at least 20	weeks?			us viable Yes		a post fert	ilization age at least	20 weeks?			
If the previous quest	tion ws	as answered yes, comp	lete the followi	ng question	c	If the previou	is anesti	on was a	nswered ve	es, complete the follo	owing questions			
				ng question			_		-	_	owing questions.			
Was the fetus give		est opportunity to surv	rive?				us given Yes		opportunit	y to survive?				
What was the basis	s for d	starmination that the n	rognant Woman	had a aond	lition	What was t	ha basis	for datas	mination th	hat the prognant wor	non had a condition			
		etermination that the parties to avert death or ser								hat the pregnant wor th or serious impair	nent to the pregnant			
woman?						woman?								
Date last normal me	nses b	egan		Physician	n estimat	e of gestation (in weeks	·)	Post fer	rtilization age of the	fetus (in weeks)			
	0	2/16/2016				8				6				
_	ige and post fertilization	on age determin												
ULTRASOUND														
Full name of physici	_	-												
DR. CAROL DELLI		rming termination (nu	mher and stree	t city state	and sin	code)								
	_	IDIANAPOLIS, IN 46		ı, спу, <i>ыше</i> ,	, ана хір	coue)								
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC	CSI) (MONROE CO.) - 42 47403	21 SOUTH COLL	LEGE	City or to		nncy terminatio	n	County of pregnand	ey termination NROE			
Patient's age**	34 .	ا د.	Date of pregr	nancy termin	ation	Educa	tion						
32	Marri	ed □ Yes ■ No		04/14/2016		Lauca		Some C	ollege, No Degree				
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	☐ Asian ■ White	☐ Black	or Africa	nn American	Unknown	☐ Not	y vanic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	ľ	Number now living	2				Number now	deceased	0				
Other Termination	ıs:	Number of spontaneou	us terminations 0	3			Number of in	duced term	inations 2				
Dates of termination		ot include this termina 2. UNKNOWN	ation. If more t	than six (6),	those mo	ost recent.)	5.		6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:				Compli	cation(s) of Pregnanc	y Termination			
☐ Yes ■	NO						■	None	☐ Uterin	e Perforation			
Fetus viable?		Tf:-1-11:1	G 4	-1				Hemorrhag	ge 🔲 Cervi	cal Laceration			
Yes Technique	No	If viable, medical	reason for tern	nination:				Infection	☐ Retair	ed Products			
								Other (Spe	ecify)				
Pathological examin	ation	If yes, results:					_ _	(ZF :	-957				
performed?		, ,											
☐ Yes ■	No						Did tl			It in a maternal death?			
		1											
Type of Termination Procedures													
Procedure that Term	inoted 1	Dragnancy		1,750			rocedure that T	arminoted D	ragnancy				
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)						
Medical (Nonsu							(Nonsurgical)						
Medical (Surgional Control Contro							(Surgical) Suc						
Medical (Surgion Medica		enstrual Aspiration ner (Specify)					(Surgical) Me (Surgical) Oth						
	ĺ	1 327											
For Medical (Surgic	al) proc	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab	le or ha	ve a post fertilization						ve a post fer	tilization age at least	20 weeks?			
☐ Yes [_	Yes No		1				
		s answered yes, compl		ing questions	S.		_	-	ves, complete the follo	wing questions.			
Was the fetus give	_	est opportunity to surv	rive?				us given the be Yes \[\] No	st opportuni	ity to survive?				
		termination that the pr							that the pregnant won				
that required the pro- woman?	rocedur	e to avert death or seri	ious impairmei	nt to the preg	gnant	that require woman?	d the procedure	to avert de	ath or serious impairs	nent to the pregnant			
Date last normal me	nses he	gan		Physician	estimate	of gestation (in weeks)	Poet fe	ertilization age of the	fetus (in wooks)			
Date last normal file		gan //13/2016		inysiciali	Samate	8	in weeks;	1 051 10	6	icias (m weeks)			
	tional ag	ge and post fertilization	on age determin	ned?									
ULTRASOUND													
Full name of physici	ian perf	orming termination											
DR. CAROL DELLI			b.o J .		an J	2242)							
Address of physician 200 S. MERIDIAN	-	ming termination (num DIANAPOLIS, IN 46		rī, cīty, state,	and zip	coae)							
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	_EGE (City or t	own, of pregna	•			County of pregna	ancy termination
Patient's age** 26	Marrie [ed Yes No	Date of pregn	nancy termina 04/14/2016		Educa	tion		Some Co	ollege, No Degre	e
Race American Indiana o Native Hawaiian or	Othe	r Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:	N	lumber now living	0				Numb	er now d	eceased	0	
Other Terminations:	N	lumber of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations (Do no		•	than six (6), t	those mo	ost recent.)					
I		Z		1		4		5	Complic	ation(s) of Pregna	ncy Termination
Fetus delivered alive? Yes No	,	If yes, length of tir	ne tetus surviv	/ea:					•	_	
									None		rine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cer	vical Laceration
☐ Yes ■ No)							☐ I	nfection	Ret	ained Products
									Other (Spec	ify)	
Pathological examination	on	If yes, results:									
performed? ☐ Yes ■ No)							Did this	s terminatio	on of pregnancy re	sult in a maternal death?
								☐ Yes			July III u IIIII
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurg	ical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	lifepristone	e	
☐ Medical (Nonsurg ☐ Medical (Nonsurg									Aisoprostol Other (Speci	ify)	
Wedicar (Ivolisuing	icai)	Other (Specify)				Wiedicar	(1volisu	igicai) C	other (Speci	<i>J y j</i>	
Medical (Surgical)Medical (Surgical)									on Curettag strual Aspir		
Medical (Surgical)									r (Specify)		
For Medical (Surgical)	proce	edures, answer the fol	lowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following q	uestion.
Was the fetus viable of	_							_		ilization age at lea	
Yes Yashe		ve a post fertilization t	ige at least 20	weeks.			Yes [a post tert	mzation age at ica	St 20 WCCRS.
If the previous question	ı was	answered yes, comple	ete the followi	ng questions	i.	If the previou	ıs questi	ion was a	nswered ye	s, complete the fo	llowing questions.
Was the fetus given the	he be	st opportunity to survi	ive?			Was the fet	us giver	the best	opportunit	y to survive?	
☐ Yes ☐	No						Yes [•	
What was the basis for											oman had a condition
that required the proc woman?	eaure	to avert death or sen	ous impairmer	nt to the preg	nant	woman?	a tne pr	ocedure t	o avert dea	tn or serious impa	irment to the pregnant
Date last normal mense	es bes	gan		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of th	he fetus (in weeks)
	01/	/25/2016		_		11		•		9	· · · · · · · · · · · · · · · · · · ·
How were the gestation	nal ag	e and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physician	perfe	orming termination									
DR. CAROL DELLING	-	лишу кишпаноп									
Address of physician p		-		t, city, state,	and zip	code)					
200 S. MERIDIAN ST	, INC	DIANAPOLIS, IN 462	225								
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	ancy terr			County of pregnan	cy termination NROE		
Patient's age**	3.7	.:	Date of pregn	nancy termin	nation	Educa	ntion						
23	Mar	ried Yes No		04/14/2016		Educa	on		Bach	elor's Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black	or Africa	an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination UNKNOWN	s (Do	not include this termin		than six (6),		ost recent.)		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	ation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No							■ 1	None	☐ Uterii	ne Perforation		
								П	Hemorrhage	e ∏ Cervi	cal Laceration		
Fetus viable?	NT _	If viable, medical	reason for term	nination:					Č	_			
☐ Yes ■ I	NO							□ I	nfection	☐ Retain	ned Products		
									Other (Spec	ify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this			lt in a maternal death?		
								☐ Yes					
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	egnancy			
■ Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	lifepristone	e			
Medical (Nonsu	ırgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	Iisoprostol				
Medical (Nonsu	ırgıca) Other (Specify)				☐ Medical	(Nonsu	rgicai) C	Other (Speci	(TY)			
		uction Curettage							on Curettag				
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspir r (<i>Specify</i>)	ration			
						_							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	stion.		
Was the fetus viabl ☐ Yes [ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
		pest opportunity to surv	ive?			Was the fet	us giver	the best	opportunit	y to survive?			
☐ Yes ☐	No						Yes	No					
		etermination that the pr								nat the pregnant won			
woman?	oceat	ire to avert death or seri	ious impairmer	it to the preg	gnant	woman?	a the pr	ocedure t	o avert dea	th or serious impairi	ment to the pregnant		
Date last normal men	nger L	egan		Physician	estimate	e of gestation (in wool-	r)	Post for	rtilization age of the	fetus (in waaks)		
Date hast normal file	13/01/2016		7	ii weeks	•/	1 031 101	tunization age of the 5	isius (in weeks)					
How were the gestational age and post fertilization age determined?													
ULTRASOUND													
Full name of physici DR. CAROL DELLI	_	-											
Address of physician	n perfe	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 46	225										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					BLOOMING I ON MONROE					•				
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educa	tion							
38	Maı	ried Yes No		nancy termin 04/14/2016		Educa	LIOII		9th-12	th, No Diploma				
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American	☐ Uni	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations				
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6),	those me	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination			
☐ Yes ■ I	NO								None	Uter	ine Perforation			
								□ I	Hemorrhag	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes I	Vo	If viable, medical	reason for term	nination:				Пі	nfection	□ Reta	ined Products			
D-4h-1i1i-	_4:	If14							Other (Spec	uy)				
Pathological examin performed?	ation	If yes, results:												
☐ Yes ■	No									on of pregnancy res	ult in a maternal death?			
								☐ Ye	s 🔳 No	0				
				Type o	of Termin	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	regnancy				
☐ Medical (Nonsu									//////////////////////////////////////					
☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec					
		y omer (speedy)					(1 (01154)	181011)	outer (Spee	957				
		uction Curettage Ienstrual Aspiration				☐ Medical	(Surgical	al) Sucti	on Curetta	ge ration				
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) nr	ocedures, answer the fol	llowing questic	on		For Medical	(Surgica	ıl) proced	lures answ	er the following qu	estion			
	le or l ■ No	have a post fertilization	age at least 20	weeks?			us viable Yes [a post fert	ilization age at leas	t 20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	S.	If the previou	ıs anesti	on was a	nswered ve	es, complete the following	owing questions			
				ng question		•	•		·	-	owing questions.			
Was the fetus given Yes		best opportunity to surv	ive?				us given Yes	_	opportunit	ty to survive?				
What was the basis	for d	etermination that the pr	eonant woman	had a condi	ition	What was t	he hasis	for deter	mination t	hat the pregnant wo	man had a condition			
that required the pr		ire to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
Date last normal men		-		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)			
How were the gestat		02/10/2016 age and post fertilization	n age determin	l ned?		8				6				
ULTRASOUND														
	_	rforming termination												
DR. CAROL DELLI		R orming termination (num	mher and stree	t city state	and sin	code)								
	-	NDIANAPOLIS, IN 46		ı, cıry, sıare,	, ини хір	coue)								
**Date Reported t														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or to	own, of pregn BLOO	ancy tern			, , ,	nancy termination	
			n · ·			T = -						
Patient's age** 21	Marrie [d Yes • No	Date of pregr	nancy termina 04/14/2016		Educa	ation	ŀ		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	Black o	or Africa	nn American	☐ Unl	known		/ anic or Latino Hispanic or Latino	Unkno	own
Live Births:	N	umber now living	1				Numb	er now d		0		
Other Termination	s: N	umber of spontaneou	us terminations	ļ			Numb	er of ind	uced termi			
Dates of termination	,		•	. ,,		ost recent.)				0		
Fetus delivered alive		If yes, length of ti			4	1		5	Complia	cation(s) of Pregn	ancy Termination	
Yes I		ii yes, iengui oi u	ilie ietus sui viv	veu.				■ N		_	erine Perforation	
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_	rvical Laceration	
Yes •	No								nfection	☐ Re	tained Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s termination	on of pregnancy r	esult in a materna	l death?
								☐ Yes	s 🔳 N	0		
	Type of	f Termin	nation Procedu	ires								
Procedure that Term		Additional P	rocedure	that Ter	minated Pr	regnancy						
	☐ Medical (Nonsurgical) Mifepristone								lifepriston			
Medical (Nonsu Medical (Nonsu									lisoprostol other (Spec			
Madical (Sympic	nal) Cua	tion Cumotto as				Madical (Consider) Continue Communication						
	cal) Mei	nstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.						
	le or hav	e a post fertilization	age at least 20	weeks?			tus viable Yes 🗀		a post fert	tilization age at le	ast 20 weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.		If the previo	us questi	on was a	nswered ye	es, complete the f	ollowing question	ıs.
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?		
	_	ermination that the p	reanant weeps	had a condi	tion	_	_		mination f	hat the pregnant v	oman had a sac	lition
that required the pr		to avert death or ser				that require				ath or serious imp		
woman?						woman?						
Date last normal me	_	an 01/2016		Physician	estimate	of gestation (in weeks)	Post fe	rtilization age of	the fetus (in week	s)
How were the gestat			on age determin	ned?		10						
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	_										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
	,											
**Date Reported t												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy to					City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					*		
Patient's age**		. ,	Data of mac-	ancy tormi	nation	Educa	tion					
26	Mar	ried □ Yes ■ No		04/14/2016		Educa	.tion	ļ	High Scho	ol Diploma or GED)	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)	<u>I</u>			-		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination	
	NO							• 1	None	☐ Uterii	ne Perforation	
Fetus viable?		If viable, medical		.:				□ I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Yes I	No	ii viable, medical	reason for term	imation:				Пі	nfection	☐ Retain	ned Products	
										_		
Data ta	.•	TC 1:						Ь С	Other (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No									on of pregnancy resu	lt in a maternal death?	
								☐ Ye	s 🔳 No)		
	of Termin	nation Procedu	res									
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
	Procedure that Terminated Pregnancy									•		
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol			
		Other (Specify)							Other (Speci			
Medical (Surgional Control Contro	2 (le	uction Curettage			Medical (Surgical) Suction Curettage							
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration		
☐ Medical (Surgio	cal) C	ther (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.	
Was the fetus viable	le or h	ave a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	■ No		age at least 20	weeks:			Yes [_	a post tert	mzation age at least	20 weeks:	
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ve	es, complete the follo	owing questions.	
				8 1		_	_		-	-	<i>&</i> 1	
was the fetus gives Yes		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?		
What was the basis	for d	etermination that the pr	eanant woman	had a cond	ition	What was f	he hacie	for deter	mination th	hat the pregnant won	an had a condition	
that required the pr		re to avert death or seri				that require				th or serious impair		
woman?						woman?						
Date last normal men	nses b	egan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)	
	(1/19/2016				11				9	· 	
How were the gestat												
ULTRASOUND												
Full name of physici	_	-										
DR. CAROL DELLI		orming termination (num	mher and stress	t city state	and sin	code)						
	-	IDIANAPOLIS, IN 46		<i>ı, спу, мше,</i>	, ини хір	coue)						
		-,										
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	LEGE	City or t	own, of pregna	•			County of pregnan	cy termination DNROE					
Patient's age**	1 · /	wind	Date of pregn	nancy termin	nation	Educa	tion						
34	Mai	ried ☐ Yes ■ No		04/14/2016		Luuca			Bach	nelor's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Africa	an American	☐ Uni	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations			
Dates of termination 1. 04/2011	s (Do	not include this termin	*	than six (6),		ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No								None	☐ Uteri	ne Perforation		
								П	Hemorrhag	e \square Cervi	cal Laceration		
Fetus viable?	N.	If viable, medical	reason for term	nination:									
☐ Yes ■ I	NO							_	nfection	_	ned Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this			It in a maternal death?		
								☐ Yes	s 🔳 No	0			
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
■ Medical (Nonsu	ırgica	Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsu	rgical) N	Iisoprostol				
Medical (Nonsu	ırgıca	l) Other (Specify)				Medical	(Nonsu	rgical) C	Other (Spec	ify)			
		uction Curettage				Medical	(Surgical	al) Sucti	on Curetta	ge .			
☐ Medical (Surgio		Instrual Aspiration Other (Specify)							strual Aspir r (Specify)	ration			
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	stion.		
	le or l	have a post fertilization	age at least 20	weeks?			us viable Yes		a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	S.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?			_	us given Yes [_	opportunit	y to survive?			
	_	etermination that the pr	egnant women	had a cond	ition	_	_	_	mination #	hat the pregnant wor	nan had a condition		
that required the pr		ire to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
Date last normal men		-		Physician	estimate	e of gestation (in weeks	•)	Post fe	rtilization age of the	fetus (in weeks)		
H		02/19/2016		- 49		8				6			
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	iea!									
221101000140													
Full name of physici	_	rforming termination											
	-	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_			

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					BLOOMING I ON MONRO				·			
D. C. C.	ı		D : 1			Γ=-						
Patient's age** 32	Marr	ied □ Yes ■ No	Date of pregn	nancy termir 04/14/2016		Educ	ation			elor's Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black □ Other		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:]	Number now living	0				Numb	er now d	eceased	0		
Other Termination	ıs:	Number of spontaneou					Numb	per of ind	uced termin			
Dates of termination	is (Do r	not include this termin	*			ost recent.)				1		
Fetus delivered alive		2 If was largeth of ti		rad.		4		5	Complic	eation(s) of Pregnanc	v Termination	
Yes Yes		If yes, length of ti	me retus surviv	/eu:				• 1		_	ne Perforation	
									Hemorrhage	e \square Cervi	cal Laceration	
Fetus viable? Yes	N.o.	If viable, medical	reason for term	nination:					C	_	ned Products	
l les	NO								nfection		led Floducts	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										lt in a maternal death?	
		1						☐ Yes	s 🔳 No)		
				Туре	of Termi	nation Procedu	ires					
Procedure that Term	inated	Pregnancy				Additional F	rocedur	e that Ter	minated Pr	regnancy		
☐ Medical (Nonsu	ırgical)	Mifepristone				☐ Medica	l (Nonsu	ırgical) N	//////////////////////////////////////	e.		
☐ Medical (Nonsu	ırgical)	Misoprostol				☐ Medica	l (Nonsu	rgical) N	/lisoprostol			
Medical (Nonsi	ırgıcal)	Other (Specify)				Medica	l (Nonsu	irgical) C	Other (Speci	ify)		
Medical (Surgio									on Curettag			
☐ Medical (Surgional Description		enstrual Aspiration her (Specify)							strual Aspir r (<i>Specif</i> y)	ration		
	,	(1 33)										
For Medical (Surgic	al) prod	cedures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.						
						Was the fetus viable or have a post fertilization age at least 20 weeks?						
	No	we a post fertilization	age at least 20	weeks?			Yes [a post tert	mzation age at least	20 weeks?	
If the previous quest	ion wa	s answered yes, comp	lete the following	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give ☐ Yes [est opportunity to surv	ive?				tus givei Yes [opportunit	y to survive?		
What was the basis	s for de	termination that the p	egnant woman	n had a cond	ition	What was	the basis	s for deter	mination th	hat the pregnant won	nan had a condition	
that required the pr		e to avert death or ser				that require					ment to the pregnant	
woman?						woman?						
L						<u> </u>						
Date last normal me		-		Physician	estimate	e of gestation	in week.	s)	Post fer	rtilization age of the	fetus (in weeks)	
How was the		2/21/2016 ge and post fertilization	un aga dat'	2042		8				6		
ULTRASOUND												
Full name of physici	-	-										
DR. CAROL DELLI			where = 1 :	A niter to	" I ·	and:\						
	-	rming termination (nu. DIANAPOLIS, IN 46		ı, cıry, state,	, ana zıp	coae)						
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					BLOOMING I ON MONRO				*			
.	1		D : 0			T = -						
Patient's age** 18	Marri	ed □ Yes ■ No	Date of pregn	nancy termin 04/14/2016		Educa	ntion			llege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	☐ Unk	nown		nic or Latino lispanic or Latino	☐ Unknown	
Live Births:		Number now living						r now d		0		
Other Termination	s. I	Number of spontaneou					Numbe	r of ind	aced termin	ations		
		ot include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					Complica	ation(s) of Pregnanc	y Termination	
☐ Yes ■	No							■ N	Vone	☐ Uterii	ne Perforation	
								□ I	Iemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				П	nfection	☐ Retair	ned Products	
D-4b-1i1i	-4:	If 14							Other (Spec	(Jy)		
Pathological examin performed?	iation	If yes, results:										
☐ Yes ■	No										It in a maternal death?	
								☐ Yes	i I No	·		
				Type o	of Termi	nation Procedu	res					
Procedure that Term	ninated	Pregnancy				Additional P	rocedure t	that Ter	minated Pro	egnancy		
Medical (Nonsu						☐ Medical	(Nonsurg	gical) M	lifepristone	;		
Medical (Nonsu		Misoprostol Other (Specify)				☐ Medical ☐ Medical	(Nonsurg	gical) M	lisoprostol ther (Speci	fy)		
		(Sp 1133)					(5/	(~1;	,,,,		
Medical (Surgio		ction Curettage enstrual Aspiration							on Curettag trual Aspir			
Medical (Surgio						Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgical)) proced	ures, answe	er the following que	 stion.	
		ve a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [_	ve a post fertifization	age at least 20	weeks:			Yes		a post teru	iization age at least	20 weeks:	
If the previous quest	tion was	s answered yes, comp	lete the following	ng questions	s.	If the previou	ıs questio	n was a	nswered ye	s, complete the follo	owing questions.	
Was the fetus give	n the he	est opportunity to surv	iva?				_		-	y to survive?		
Yes [or opportunity to surv	1,0.				Yes		opportunit	, to survive:		
		termination that the pr								at the pregnant wor		
that required the pro- woman?	rocedur	e to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	d the prod	cedure t	o avert dea	th or serious impair	ment to the pregnant	
Date last normal me		gan 2/18/2016		Physician	estimat	e of gestation (in weeks)	_	Post fer	tilization age of the	fetus (in weeks)	
How were the gestat		ge and post fertilization	n age determin	ned?		<u> </u>				4		
ULTRASOUND												
Full name of physici	_	-										
DR. CAROL DELLI				4	as I ·	anda)						
	-	ming termination (nu. DIANAPOLIS, IN 46		τ, city, state,	and zip	coae)						
	,	====, 10										
**Date Reported t	to DCS	5, if Patient under 1	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					BLOOMINGTON MON					ocy termination DNROE		
Patient's age**		. ,	Date of pregn	iancy termin	nation	Educ	ation					
31	Maı	ried □ Yes ■ No		1ancy termin 04/14/2016		Educ	atiOII		Bach	elor's Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	per now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numl	er of ind	uced termin	nations		
Dates of termination	s (Do	not include this termin		han six (6),		ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination	
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation	
									Hemorrhag	e \square Cerv	ical Laceration	
Fetus viable?	NT _	If viable, medical	reason for term	nination:								
☐ Yes ■ I	NO							L I	nfection	☐ Retai	ned Products	
									Other (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										alt in a maternal death?	
								☐ Yes	s 🔳 No)		
				Туре	of Termin	nation Procedu	ires					
Procedure that Term	inated	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy		
☐ Medical (Nonsu	ırgica	Mifepristone				☐ Medica	(Nonsu	rgical) N	//////////////////////////////////////	e		
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medica	(Nonsu	rgical) N	Iisoprostol			
Medical (Nonsu	ırgıca	l) Other (Specify)				☐ Medica	(Nonsu	irgicai) C	Other (Spec	ify)		
		uction Curettage							on Curetta			
☐ Medical (Surgio		Instrual Aspiration Other (Specify)							strual Aspii r (<i>Specif</i> y)	ration		
	•							4				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) procec	lures, answ	er the following que	estion.	
	le or l	have a post fertilization	age at least 20	weeks?			tus viabl Yes [a post fert	ilization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the foll	owing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?			_	tus giver Yes [_	opportunit	y to survive?		
	_	etermination that the pr	compet	had a === 1	ition	_	_		minati 1	not the massar	nan had a condition	
that required the pr		ire to avert death or ser				that require					ment to the pregnant	
woman?						woman?						
						<u> </u>						
Date last normal men		-		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)	
II		02/22/2016		- 49		6				4		
How were the gestat ULTRASOUND												
02110.000115												
Full name of physici DR. CAROL DELLI	_	rforming termination										
	-	orming termination (num		t, city, state,	, and zip	code)						
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported t	**Date Reported to DCS, if Patient under 14 (month, day, year):									_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	.EGE City or	town, of pregna BLOOM	ncy termination		County of pregnand	cy termination		
23 Yes • No	nancy termination 04/14/2016	Educat			ool Diploma or GED)		
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	Unknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births: Number now living 0			Number now d		0			
Other Terminations: Number of spontaneous terminations			Number of indu	uced termin				
Dates of terminations (Do not include this termination. If more to 1. 11/01/2014 2. 3.	* **	ost recent.)	5		6			
Fetus delivered alive? If yes, length of time fetus surviv				Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ No			■ N	None	☐ Uterir	ne Perforation		
				Hemorrhag	e □ Cervi	cal Laceration		
Fetus viable? If viable, medical reason for term Yes No	nination:			nfection	_	ned Products		
res • No					_	led Products		
				Other (Spec	cify)			
Pathological examination If yes, results: performed?								
☐ Yes ■ No					1 0	lt in a maternal death?		
			☐ Yes	s 🔳 No	0			
	Type of Termi	ination Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure that Terr	minated Pr	regnancy			
Medical (Nonsurgical) Mifepristone			(Nonsurgical) M					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsurgical) M (Nonsurgical) O					
 Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration 		Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration						
Medical (Surgical) Other (Specify)		Medical (Surgical) Other (Specify)						
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgical) proced	ures, answ	er the following que	stion.		
Was the fetus viable or have a post fertilization age at least 20	weeks?	Was the fett	us viable or have	a post fert	ilization age at least	20 weeks?		
☐ Yes ■ No			Yes No					
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No		Was the fett	us given the best	opportunit	ty to survive?			
What was the basis for determination that the pregnant woman	had a condition	_	_	mination 4	hat the pregnant won	nan had a condition		
that required the procedure to avert death or serious impairmen		that required			th or serious impairr			
woman?		woman?						
		1						
Date last normal menses began	Physician estimat	-	n weeks)	Post fe	rtilization age of the	fetus (in weeks)		
02/01/2016 How were the gestational age and post fertilization age determin	ned?	9			7			
ULTRASOUND								
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (number and street	t, city, state, and zip	code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy terr					City or t	town, of pregna BLOON			, , ,	nancy termination MONROE		
TD cl. cl. steate	1		D · f									
27	Married	Yes No		24/14/201		Educa	tion		nelor's Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un		y anic or Latino Hispanic or Latino	o 🔲 Unknown		
Live Births:	Nu	imber now living	1				Numb	per now deceased	0			
Other Termination	ns: Nu	imber of spontaneou					Numb	per of induced termi				
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	, those m	ost recent.)		5.	6.			
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:		<u></u>		Compli	cation(s) of Pregn	ancy Termination		
☐ Yes ■ 1	No							None	☐ Ut	erine Perforation		
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorrhag	ge 🗌 Ce	ervical Laceration		
Yes I	No							☐ Infection	☐ Re	etained Products		
								☐ Other (Spe	cify)			
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No							Did this terminati ☐ Yes ■ N		esult in a maternal death?		
				Type	of Termi	Cermination Procedures						
Procedure that Term	egnancy				Additional Pr	ocedure	e that Terminated P	regnancy				
	■ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol							rgical) Mifepristor rgical) Misoprosto				
Medical (Nonsu								rgical) Other (Spec				
Medical (Surgio		on Curettage strual Aspiration						al) Suction Curetta al) Menstrual Aspi				
Medical (Surgio								al) Other (Specify)				
For Medical (Surgic	al) proced	dures, answer the fo	llowing question	n.		For Medical	Surgica	al) procedures, ansv	ver the following	question.		
Was the fetus viab	_	a post fertilization	age at least 20 v	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
If the previous quest	tion was a	nswered yes, compl	lete the followir	ng question	ıs.	If the previou	s questi	ion was answered y	es, complete the f	following questions.		
Was the fetus gives Yes		opportunity to surv	rive?				us giver Yes [n the best opportuni No	ty to survive?			
		rmination that the pr								woman had a condition		
woman?	rocedure i	to avert death or seri	ious impairmen	t to the pre	egnant	woman?	a tne pr	ocedure to avert de	ath or serious imp	airment to the pregnant		
Date last normal me	_	n 24/2016		Physician	n estimat	e of gestation (i	n weeks	Post fe	ertilization age of	the fetus (in weeks) 4		
How were the gestat	tional age	and post fertilization	n age determin	ed?				I				
ULTRASOUND												
Full name of physici	_	ming termination										
DR. CAROL DELLI Address of physician		ing termination (new	mher and street	city state	and sin	code)						
200 S. MERIDIAN	_	-		, cuy, siate	., απα ζιρ							
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy to					City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					•		
Patient's age**		. ,	Date of proces	ancy termin	nation	Educa	ntion					
Patient's age** 21	Maı	ried ☐ Yes ■ No		o4/08/2016		Educa	iiiOII		Some Co	ollege, No Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations		
Dates of termination	s (Do	not include this termin	0 ation. If more t	han six (6),	those me	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	ry Termination	
☐ Yes ■ I	No								None	☐ Uteri	ne Perforation	
								I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products	
	.10										ned i foducts	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?	
								☐ Ye	s 🔳 No)		
		of Termin	nation Procedu	res								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
Medical (Nonsu									//////////////////////////////////////	•		
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol			
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)		
Medical (Surgio	al) S	uction Curettage			Medical (Surgical) Suction Curettage							
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration		
☐ Medical (Surgio	ai) C	iner (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.	
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?	
] No						Yes [No	•			
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give	n the	best opportunity to surv	rive?			Was the fet	us oiver	the best	opportunit	y to survive?		
Yes [Yes [_	оррогия	y to sarvive.		
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition	
that required the process woman?	ocedi	ire to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant	
woman:						woman:						
Date last normal men		-		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)	
How were the '		02/01/2016	m ago doto'	l ad?		6				4		
ULTRASOUND	ionai	age and post fertilizatio	n age determin	ieu :								
Full name of physici	an r-	rforming termination									1	
DR. CAROL DELLI	_	-										
	-	orming termination (num		t, city, state,	, and zip	code)						
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225									
**Date Reported t						_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON		.EGE	BLOOMING I ON MONROE										
Patient's age**	Marri	ed Yes No	Date of pregn	nancy termina	ation	Educa	tion		ligh Scho	ol Diploma or Gl	ED		
Race American Indiana	or Ala	aska Native [☐ Asian ■ White	_	or Africa	an American	☐ Un	known	Ethnicity Hispa				
Live Births:	ı	Number now living	2				Numb	er now d	eceased	0			
Other Terminations:	ľ	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0			
Dates of terminations ((Do n	ot include this termina		than six (6), t	hose mo	ost recent.)							
1		2				4		5	Complia	ation(s) of Pregna	nov Tomaination		
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus surviv	ved:				_ ,	•	_	·		
									None		erine Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e	vical Laceration		
☐ Yes ■ No)							☐ I	nfection	Ret	ained Products		
									Other (Spec	rify)			
Pathological examination performed?	ion	If yes, results:											
Yes No	0							Did this	s terminatio	on of pregnancy re	sult in a maternal death?		
								☐ Yes	s 🔳 No)			
											1		
				Type of	Termi	nation Procedur	res						
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsurge									lifepristone				
Medical (NonsurgMedical (Nonsurg									lisoprostol other (Speci				
_	, ,	1 007				_		υ,					
) C	· · · · · · · · · · · · · · · · · · ·					(G :	1) 0	- C #				
) Me	enstrual Aspiration				Medical	(Surgic	al) Mens	on Curettag strual Aspir				
Medical (Surgical	l) Otl	her (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical)) proc	edures, answer the following	lowing question	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following q	uestion.		
		ve a post fertilization a	ige at least 20	weeks?					a post fert	ilization age at lea	st 20 weeks?		
☐ Yes ☐	No					□ ?	Yes [] No					
If the previous question	n was	s answered yes, comple	ete the following	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the fo	ollowing questions.		
Was the fetus given t		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?			
				. 1		_	_	_					
that required the proc		termination that the pro e to avert death or serio				that require					oman had a condition irment to the pregnant		
woman?						woman?							
Date last normal mense		_		Physician 6	estimate	e of gestation (i	n weeks	i)	Post fer	_	he fetus (in weeks)		
How were the gestation		2/10/2016 ge and post fertilization	n age determin	l ned?		8					5		
ULTRASOUND++													
							_						
Full name of physician	_	-											
DR. CAROL DELLING Address of physician p			nher and stree	t. city state	and zin	code)							
200 S. MERIDIAN ST		-		.,,, siene, (Lip	- 540/							
**Date Reported to	DCS	s, if Patient under 14	(month, day,	year):						-			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/03/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy to					City or town, of pregnancy termination County of pregnancy termination BLOOMINGTON MONROE					*		
Patient's age**			Date of mac-	anov to-	nation	Educa	tion				1	
37	Maı	ried ■ Yes 🗌 No		04/07/2016		Educa	ition	ı	High Scho	ol Diploma or GE	D	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numb	er now d	leceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)	l					
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination	
res 🖷 r	NO							• 1	None	☐ Uteri	ne Perforation	
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration	
Fetus viable? Yes I	Vο	If viable, medical	reason for term	ination:				Пі	Infection	□ Reta	ined Products	
	10									_	med Froducts	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did thi	s termination	on of pregnancy res	ult in a maternal death?	
								☐ Ye	s 🔳 No	0		
	of Termin	nation Procedu	res									
Procedure that Term		Additional P	rocedure	e that Ter	minated Pr	egnancy						
	Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone									•		
Medical (Nonsu	rgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aifepriston Aisoprostol			
☐ Medical (Nonsu	rgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)		
Medical (Surgic	al) S	uction Curettage			Medical (Surgical) Suction Curettage							
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration		
☐ Medical (Surgio	al) (Other (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	dures, answ	er the following qu	estion.	
Was the fetus viable	e or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
	No		age at least 20	weeks.			Yes [_	u post tert	inzution age at leas	20 Weeks.	
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	ion was a	inswered ye	es, complete the foll	owing questions.	
W 4h - f-ti	- 41 1		:9			_	_		-	_		
Was the letus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?		
What was the basis	for d	etermination that the pr	eonant woman	had a cond	ition	What was t	he hasis	for deter	mination th	hat the pregnant wo	man had a condition	
that required the pr		ire to avert death or ser				that require					ment to the pregnant	
woman?						woman?						
Date last normal men	ises t	egan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)	
		02/08/2016				6				4		
_	ional	age and post fertilization	n age determin	ied?								
ULTRASOUND												
Full name of physici DR. CAROL DELLI	_	rforming termination										
		orming termination (num	mber and stree	t, city, state	and zin	code)						
	-	NDIANAPOLIS, IN 46		.,у, ыше,	, ат цр							
**Data Danceted	0 DC	S if Dationt we don't	1 (m and). 1	210am):								
""Date Reported t	υDC	S, if Patient under 1	+ (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PF	PCSI) (MON	NROE CO.) - 4	21 SOUTH COLL	EGE	City or to	wn, of pregna BLOOM	•		County of pregnancy termination MONROE				
Patient's acc**	Patient's age** 25 Married Yes No Date of pregnancy term 04/07/20						Educa	tion						
25	Mar		■ No	1 0	04/07/201		Educa	tion		ool Diploma or GED				
Race American Indian Native Hawaiian				☐ Asian ■ White	☐ Black		n American	☐ Un		y oanic or Latino Hispanic or Latino				
Live Births:		Number 1	now living	0				Numb	per now deceased	0				
Other Termination	ıs:	Number o	of spontaneo	us terminations 0				Numb	per of induced term	•				
Dates of termination 1. 04/05/2011	ıs (Do	not includ	le this termir	nation. If more to	han six (6),	those mos	st recent.)		5	6				
Fetus delivered alive	e?	If yes	s, length of ti	ime fetus surviv	ed:				Compli	ication(s) of Pregnancy Termination				
☐ Yes ■ 1	No								■ None	☐ Uterine Perforation				
E-4: -1-1-9		TC:-	1-1 1:1						☐ Hemorrha	ge Cervical Laceration				
Fetus viable? Yes	No	II Via	ibie, medicai	reason for term	iination:				☐ Infection	☐ Retained Products				
									☐ Other (Spe	ecify)				
Pathological examin performed?	ation	If yes	s, results:											
Yes •	No									ion of pregnancy result in a maternal death?				
									Yes IN	No				
	Type of							res						
Procedure that Terminated Pregnancy									e that Terminated F	Pragnancy .				
_														
Medical (Nonsumer)Medical (Nonsumer)Medical (Nonsumer)	ostol				■ Medical	(Nonsu	argical) Mifepriston argical) Misoproston argical) Other (Spe	ol						
Medical (Surgion Medical (Surgio	cal) M	Ienstrual A	Aspiration			 ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) 								
For Medical (Surgic	al) pro	cedures a	answer the fo	ollowing question	on		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viab	_						Was the fetus viable or have a post fertilization age at least 20 weeks?							
	□ No			1. 4. 6.11. 1	.•				□ No					
If the previous quest Was the fetus gives					ng question	is.	•	•	ion was answered yn the best opportun	yes, complete the following questions.				
Yes [tuility to sur	vive:				Yes [ny to survive:				
What was the basis that required the process woman?										that the pregnant woman had a condition eath or serious impairment to the pregnant				
Date last normal me	nses b	egan			Physician	n estimate	of gestation (i	in weeks	s) Post f	ertilization age of the fetus (in weeks)				
How were the'		2/18/201		on ago doto	ad?		8			6				
How were the gestational age and post fertilization age determined? ULTRASOUND														
								_						
Full name of physici DR. CAROL DELLI	_	_	ermination											
Address of physician 200 S. MERIDIAN	-	_			t, city, state	, and zip c	rode)							
	,		-,											
**Date Reported t	to DC	S, if Pati	ent under 1	4 (month, day,	year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPCS		1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregna	ncy termination ONROE				
Patient's age** N	/arried	i Yes • No	Date of pregn	nancy termina		Educa	tion		9th-12	th, No Diploma					
Race American Indiana of Native Hawaiian or	r Alas Other	ka Native [Pacific Islander [☐ Asian ■ White	_		an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown				
Live Births:	Nι	ımber now living	2				Numb	er now d	eceased	0					
Other Terminations:	Nι	ımber of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0					
Dates of terminations (I	Do no		3	than six (6), t	hose mo	ost recent.)									
1	2.					4		5	Complic	ation(s) of Pregnan	cy Termination				
Fetus delivered alive? Yes No		If yes, length of tin	ne fetus surviv	red:					•	_	•				
									None	_	ine Perforation				
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cerv	ical Laceration				
☐ Yes ■ No								☐ I	nfection	☐ Reta	ined Products				
									Other (Spec	rify)					
Pathological examination performed?	on	If yes, results:													
Yes No	,							Did this	s terminatio	on of pregnancy res	ult in a maternal death?				
								☐ Yes							
Type of Termination Procedures															
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy															
Medical (Nonsurgi	ical) I	Mifepristone				☐ Medical	(Nonsu	rgical) N	lifepriston	e					
Medical (NonsurgiMedical (Nonsurgi									lisoprostol other (Speci						
		(a <u>r</u> 43))					(-8	(~ <i>p</i>	337					
☐ Medical (Surgical) ☐ Medical (Surgical)						Medical	(Surgic	al) Mens	on Curettaş strual Aspir						
Medical (Surgical)	Othe	er (Specify)				Medical (Surgical) Other (Specify)									
For Medical (Surgical)	proce	dures, answer the following	lowing questic	on.		For Medical	Surgica	ıl) procec	lures, answ	er the following qu	estion.				
Was the fetus viable of		e a post fertilization a	ige at least 20	weeks?					a post fert	ilization age at leas	t 20 weeks?				
☐ Yes ☐	No						Yes [No							
If the previous question	was a	answered yes, comple	ete the following	ng questions.		If the previou	is questi	ion was a	nswered ye	es, complete the fol	owing questions.				
Was the fetus given th ☐ Yes ☐		t opportunity to survi	ve?				us giver Yes [opportunit	y to survive?					
		· · · · · · · · · · · · · · · · · · ·		1 1 1		_	_	_			1 1 12				
What was the basis fo that required the proce											man had a condition ment to the pregnant				
woman?						woman?									
Date last normal mense	_			Physician o	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of th	e fetus (in weeks)				
How were the gestation		(NOWN and post fertilization	n age determin	l ned?		9				7					
ULTRASOUND															
Full name of physician	_	ming termination													
DR. CAROL DELLING Address of physician pe		ing termination (nun	nber and stree	t. citv. state	and zin	code)									
200 S. MERIDIAN ST.		=		.,, siece, (up	/									
**Date Reported to I	DCS,	if Patient under 14	(month, day,	year):						-					

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
19 Yes No	nancy termination 04/07/2016	Educa	tion		ol Diploma or GED				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		nnic or Latino Hispanic or Latino				
Live Births: Number now living 0				er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	-				
Dates of terminations (Do not include this termination. If more to	than six (6), those n	nost recent.)			U				
Fetus delivered alive? If yes, length of time fetus surviv		4		5 Complic	eation(s) of Pregnancy Termination				
☐ Yes ■ No				None	☐ Uterine Perforation				
Fetus viable? If viable, medical reason for term	-141			☐ Hemorrhage	e Cervical Laceration				
Fetus viable? ☐ Yes ■ No If viable, medical reason for term	iination:			☐ Infection	☐ Retained Products				
				Other (Spec	ify)				
Pathological examination If yes, results: performed?									
Yes No					on of pregnancy result in a maternal death?				
<u> </u>				Yes No	J				
	Type of Term	ination Procedu	res						
Procedure that Terminated Pregnancy				that Terminated Pr	egnancy				
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				rgical) Misoprostol rgical) Other (Spec					
Medical (Surgical) Suction Curettage		☐ Medical	(Surgic	al) Suction Curetta	ge				
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)							
		Treatest (outgress)							
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at least 20	weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ No			Yes [
If the previous question was answered yes, complete the following	ng questions.		-	·	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment					hat the pregnant woman had a condition the or serious impairment to the pregnant				
woman?	it to the pregnant	woman?	u me pro	ocedure to avert dea	an or serious impairment to the pregnant				
		1							
Date last normal menses began 02/13/2016	Physician estima	te of gestation (i	in weeks	Post fe	rtilization age of the fetus (in weeks) 4				
How were the gestational age and post fertilization age determine	ned?	<u> </u>			7				
ULTRASOUND									
Full name of physician performing termination									
DR. CAROL DELLINGER									
Address of physician performing termination (number and stree 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	o code)							
255 5									
**Date Reported to DCS, if Patient under 14 (month, day,	year):				-				

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Patient's age**		. ,	Date of pregn	ancy tormi	nation	Educa	tion							
20	Mai	ried ☐ Yes ■ No		04/07/2016		Educa	non	ı	High Scho	ol Diploma or GEI)			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termina		han six (6),	those me	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination			
res 🖷 r	NO								None	☐ Uteri	ne Perforation			
								☐ I	Hemorrhage	e 🔲 Cervi	ical Laceration			
Fetus viable? Yes I	Vo	If viable, medical	reason for term	ination:				Пі	nfection	☐ Retai	ned Products			
	. 10									_	ned Froducts			
									Other (Spec	rify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did this	s termination	on of pregnancy resu	alt in a maternal death?			
								☐ Yes	s 🔳 No	0				
				Туре	of Termin	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	egnancy				
		•								•				
Medical (NonsuMedical (Nonsu									Aifepristone Aisoprostol					
		l) Other (Specify)							Other (Speci					
Madical (Surgic	vo1) S	uction Curettage				Madical	(Suraio	al) Suati	on Curatta	ga.				
☐ Medical (Surgio	al) N	Ienstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration									
☐ Medical (Surgion	al) (Other (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	d) proced	lures, answ	er the following que	estion.			
	_							_						
was the fetus viable Yes [nave a post fertilization	age at least 20	weeks?			us viabi Yes [_	a post tert	ilization age at least	20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the followin	na auestions	c	If the previou	ic anecti	on was a	newered ve	es, complete the foll	owing questions			
1				ng questions	s.	•	•		•	•	owing questions.			
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?				
				1 1 2	.,.	_	_	_		L a d	1 1 10.			
		letermination that the pa are to avert death or seri									man had a condition ment to the pregnant			
woman?			•			woman?	1			•				
Date last normal men	ngas l	negan		Physician	estimate	e of gestation (in wool-	,)	Post for	rtilization age of the	fetus (in weeks)			
Date last normal file)2/05/2016		1 Hysiciali	comman	9	n weeks	''	1 081 161	7 rumzation age of the	ious (in weeks)			
How were the gestat	ional	age and post fertilization	n age determin	ied?										
ULTRASOUND														
Full name of physici	an pe	rforming termination												
DR. CAROL DELLI														
	-	orming termination (num		t, city, state,	and zip	code)								
ZUU S. MEKIDIAN	اا , اد	NDIANAPOLIS, IN 46	220											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_				

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Patient's age**		. ,	Date of pregn	ancy tormi	nation	Educa	tion								
30	Mai	ried ☐ Yes ■ No		04/07/2016		Educa	ition	ļ	High Scho	ol Diploma or GEI)				
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	2				Numb	er now d	leceased	0					
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0					
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)									
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination				
res 🖷 r	NO							• 1	None	☐ Uteri	ne Perforation				
								□ I	Hemorrhage	e 🔲 Cervi	ical Laceration				
Fetus viable? Yes I	Vo	If viable, medical	reason for term	ination:				Пі	Infection	☐ Retai	ned Products				
	. 10									_	ned Froducts				
									Other (Spec	rify)					
Pathological examin performed?	ation	If yes, results:													
Yes •	No							Did thi	s termination	on of pregnancy resu	alt in a maternal death?				
								☐ Ye	s 🔳 No	0					
				Туре	of Termin	nation Procedu	res								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy					
		•								•					
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol						
		l) Other (Specify)							Other (Spec						
Madical (Surgic	vo1) S	uction Curettage				☐ Madical	(Curaio	ol) Suoti	ion Curatta	ga					
☐ Medical (Surgio	al) N	Ienstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration										
☐ Medical (Surgion	al) (Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)						
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.				
	_						_	_							
	No	nave a post fertilization	age at least 20	weeks?			us viabi Yes [e a post tert	ilization age at least	20 weeks?				
If the previous quest	ion w	as answered yes, compl	ete the followi	no question	s	If the previou	ıs anesti	ion was a	nswered ve	es, complete the follo	owing questions				
				ing question		-	•		•	•	owing questions.				
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes 🏻	_	opportunit	y to survive?					
	_				•.•			_ 		L a d	1 1 12				
		letermination that the parties to avert death or serious									man had a condition ment to the pregnant				
woman?						woman?									
Date last normal men	nses l	pegan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)				
_ acc last normal file		02/08/2016		111,5701411	- commun	8	,reens	-/	1 031 10.	6					
How were the gestat	ional	age and post fertilization	n age determin	ied?					•						
ULTRASOUND															
	_	rforming termination													
DR. CAROL DELLI			, ,			1									
	-	orming termination (number NDIANAPOLIS, IN 46		t, city, state,	, and zip	code)									
	۱۱ , ۱۰														
**Date Reported t	o DO	CS, if Patient under 1	4 (month, day,	year):						_					

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna BLOOM	ancy term			County of preg	gnancy MONI					
The state of the state of			D. C			Ι										
Patient's age** 25	Marrie [ed ☐ Yes ■ No	Date of pregr	04/07/2016		Educa	ation	ŀ		ool Diploma or (GED					
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unk	nown		/ anic or Latino Hispanic or Latin	10	☐ Unknown				
Live Births:		umber now living	0					r now d		0						
Other Termination	s: N	umber of spontaneou		,			Numbe	er of indu	uced termi							
Dates of termination			•			st recent.)				0						
I					4	l		5	Compli	cation(s) of Pregr	nancy 7	Termination				
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				■ N		_		Perforation				
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Hemorrhag	e ∐ C	ervical	Laceration				
Yes •	No							☐ I	nfection	☐ R	etained	Products				
									Other (Spec	cify)						
Pathological examin performed?	ation	If yes, results:														
Yes •	No							Did this	s termination	on of pregnancy	result i	n a maternal death?				
								☐ Yes	s I N	0						
	Туре с															
				f Termin	ation Procedu	res										
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Terr	minated Pr	regnancy						
Medical (Nonsu									lifepriston							
Medical (Nonsu									lisoprostol Other (Spec							
Medical (Surgio	nal) Suc	tion Curattaga				☐ Medical	(Surgica	1) Sucti	on Curatta							
☐ Medical (Surgio	cal) Mei	nstrual Aspiration			Medical (Surgical) Menstrual Aspiration											
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)										
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.										
	le or hav ☐ No	re a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	tilization age at l	east 20	weeks?				
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previou	us questio	on was a	nswered ye	es, complete the	followi	ng questions.				
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?						
	_	ermination that the p	regnant women	n had a condit	tion	_	_		mination f	hat the pregnant	womar	had a condition				
that required the pr		to avert death or ser				that require						nt to the pregnant				
woman?						woman?										
·				1 _												
Date last normal me	_	an 05/2016		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of	the fet	us (in weeks)				
How were the gestat			on age determin	ned?		-					•					
ULTRASOUND																
Full name of physici DR. CAROL DELLI	NGER	-														
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)										
		· · ·														
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):						_						

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	PP) (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE	City or t	town, of pregna	•			County of pregna	ancy termination				
Patient's age** 21	Marr	ied □ Yes ■ No	Date of pregn	nancy termin 04/07/2016		Educa	tion		Some Co	ollege, No Degre	e				
Race American Indiana o	r Oth	er Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown				
Live Births:		Number now living	0				Numb	er now d	eceased	0					
Other Terminations:		Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0					
Dates of terminations ((Do 1		,	than six (6), t	those mo	ost recent.)	l .								
I		2		1		4		5	Complic	ation(s) of Pregna	ncy Termination				
Fetus delivered alive? Yes No)	If yes, length of tin	ne retus surviv	/ea:					•	_					
									None		rine Perforation				
Fetus viable?		If viable, medical r	reason for term	nination:				∐ I	Hemorrhage	e ∐ Cer	vical Laceration				
☐ Yes ■ No)							☐ I	nfection	Ret	ained Products				
									Other (Spec	ify)					
Pathological examination performed?	ion	If yes, results:													
Yes No	0							Did this	s terminatio	on of pregnancy re	sult in a maternal death?				
								☐ Yes							
Type of Termination Procedures															
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy															
Medical (Nonsurger	gical)	Mifepristone				☐ Medical	(Nonsu	rgical) M	//////////////////////////////////////	e					
Medical (NonsurgMedical (Nonsurg									Aisoprostol Other (Speci	ify)					
	51041)	Since (Specify)					(1 (01154	191011)	other (Spee)	997					
							Medical (Surgical) Suction Curettage								
☐ Medical (Surgical ☐ Medical (Surgical		ction Curettage enstrual Aspiration							on Curettag strual Aspir						
Medical (Surgical	í) Ot	her (Specify)				Medical (Surgical) Other (Specify)									
For Medical (Surgical)) pro	cedures, answer the fol	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following q	uestion.				
Was the fetus viable	or ha	ave a post fertilization a	age at least 20	weeks?		Was the fet	us viabl	e or have	a post ferti	ilization age at lea	st 20 weeks?				
☐ Yes ☐		1					Yes [
If the previous question	n wa	s answered yes, comple	ete the following	ng questions	3.	If the previou	ıs questi	ion was a	nswered ye	s, complete the fo	llowing questions.				
		est opportunity to survi	ve?						opportunit	y to survive?					
☐ Yes ☐	No						Yes [No							
		termination that the pro-									oman had a condition irment to the pregnant				
woman?	ccau	e to avert death of seri-	ous impairmer	nt to the preg	,man	woman?	d the pr	occuure t	o avert dea	ur or serious impa	irment to the pregnant				
Date last normal mens	es be	egan		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of th	he fetus (in weeks)				
		2/20/2016				6				4	1				
How were the gestation	nal a	ge and post fertilization	n age determin	ned?											
521101000ND															
Full name of physician	ı per	forming termination													
DR. CAROL DELLIN	GER	<u> </u>													
Address of physician p		-		t, city, state,	and zip	code)									
200 S. MERIDIAN ST	ı, IIN	DIANAPOLIS, IN 462	220												
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnar	ncy termination ONROE				
Patient's age**		. ,	Date of pregn	ancy tormi	nation	Educa	tion								
24	Maı	ried ☐ Yes ■ No		04/07/2016		Educa	шоп		Some Co	ollege, No Degree					
Race American Indian Native Hawaiian			Asian White	_	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	0				Numb	er now d	eceased	0					
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations					
Dates of termination	s (Do	not include this termin	0 ation. If more t	han six (6),	those me	ost recent.)				0					
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnan	cy Termination				
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation				
								Пі	Hemorrhage	e 🗆 Cerv	ical Laceration				
Fetus viable?		If viable, medical	reason for term	nination:					Ü						
☐ Yes ■ I	No							I	nfection	Retai	ined Products				
									Other (Spec	cify)					
Pathological examin	ation	If yes, results:													
performed?	Nio							D: 1.11			1				
L les E	INO									on of pregnancy resi	alt in a maternal death?				
				Trees -	of Torres	Termination Procedures									
				1 ype o	n reimii										
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy					
Medical (Nonsu									//////////////////////////////////////						
Medical (Nonsu		l) Misoprostol l) Other (<i>Specify</i>)							Misoprostol Other (Speci						
	igica	i) Giller (Speedy)				Miculean	(1 tonsu	igical) (outer (speed	937					
		uction Curettage				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration									
Medical (Surgio		Instrual Aspiration Other (Specify)								ration					
_ ` ` ` ` `		1 327				Medical (Surgical) Other (Specify)									
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.									
Was the fetus viable	e or l	ave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at leas	20 weeks?				
☐ Yes [■ No)					Yes [No							
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.				
Was the fetus give	the	best opportunity to surv	rive?			Was the fet	us oiver	n the hest	opportunit	y to survive?					
Yes [170.				Yes [_	оррогия	y to survive.					
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	man had a condition				
that required the pr		ire to avert death or ser				that require					ment to the pregnant				
woman?						woman?									
						1									
Date last normal men	ises t	egan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)				
		01/14/2016				13				11					
_	ional	age and post fertilization	n age determin	ied?			_								
ULTRASOUND															
	-	rforming termination													
DR. CAROL DELLI		R orming termination (number of the control of the	mhar and atus	t city state	and sin	coda)									
	-	NDIANAPOLIS, IN 46		ı, сиу, <i>ѕине</i> ,	, ана хір	coue)									
	,		-												
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Ad- PLANNED PARENTHOOD AVENUE, BLOOMINGTO	O (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or t	own, of pregna	•			County of pregna	ncy termination ONROE				
Patient's age** 24	Mari	ied ■ Yes □ No	Date of pregn	nancy termina 04/07/2016		Educa	tion		Some Co	ollege, No Degree)				
Race American Indiana Native Hawaiian o	r Otl	ner Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown				
Live Births:		Number now living	3				Numb	er now d	eceased	0					
Other Terminations:		Number of spontaneous	s terminations 0				Numb	er of ind	uced termir	nations 0					
Dates of terminations	(Do	not include this termina	3	than six (6), t	those mo	ost recent.)									
l		2		1		4		5	Complic	ation(s) of Pregnar	ncy Termination				
Fetus delivered alive? ☐ Yes ■ No		If yes, length of tin	ne tetus surviv	ea:					•	_					
									None	_	rine Perforation				
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🗌 Cer	vical Laceration				
☐ Yes ■ No	0								nfection	Reta	nined Products				
									Other (Spec	ify)					
Pathological examinat performed?	ion	If yes, results:													
Performed? ☐ Yes ■ N	o							Did this	s terminatio	on of pregnancy res	sult in a maternal death?				
								☐ Yes							
Type of Termination Procedures															
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy															
Medical (Nonsurger	gical) Mifepristone				☐ Medical	(Nonsu	rgical) M	//////////////////////////////////////	e					
Medical (NonsurgMedical (Nonsurg									Aisoprostol Other (Speci	ify)					
	5	, (op					(-8	(~ <i>p</i>	127					
=															
☐ Medical (Surgical Medical (Surgical		enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir						
Medical (Surgical	l) O	ther (Specify)				Medical (Surgical) Other (Specify)									
For Medical (Surgical)) pro	cedures, answer the following	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.				
		ave a post fertilization a	ige at least 20	weeks?					a post ferti	ilization age at leas	st 20 weeks?				
☐ Yes ☐	No						Yes [No							
If the previous question	n wa	s answered yes, comple	ete the following	ng questions	i.	If the previou	ıs questi	ion was a	nswered ye	s, complete the fol	lowing questions.				
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes [opportunit	y to survive?					
				1 1 12		_	_	_			1 1 12				
		etermination that the pro re to avert death or serio									oman had a condition rment to the pregnant				
woman?						woman?									
Date last normal mens		•		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of th	· · · · · · · · · · · · · · · · · · ·				
How were the gestation		NKNOWN uge and post fertilization	n age determin	l ned?		6				4					
ULTRASOUND	1														
Full name of physician	_	-													
DR. CAROL DELLIN		rming termination (nun	nher and street	t city state	and zin	code)									
	-	DIANAPOLIS, IN 462		., сиу, мие,	ана Др	couc _j									
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE Ci	ity or t	town, of pregna BLOOM	ncy termina	tion		County of pregna	ncy termination ONROE		
Patient's age**	1.7	ا المنا	Date of pregr	nancy terminat	tion	Educat	tion						
17	Mari	Yes No		04/07/2016	iioii	Educa	LIOII		9th-12	th, No Diploma			
Race American Indiana Native Hawaiian		-	☐ Asian ■ White	☐ Black or ☐ Other	Afric	an American	☐ Unknov	wn		/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Number no	ow de	eceased	0			
Other Terminations	s:	Number of spontaneous	s terminations 0				Number of	f indu	ced termi	nations 0			
Dates of terminations	s (Do	not include this termina	*			ost recent.)							
Fetus delivered alive	?	If yes, length of tin		red:		4		5	Complic	cation(s) of Pregnar	acy Termination		
Yes N		if yes, length of the	ic retas sur viv	cu.				■ N	one	☐ Uter	ine Perforation		
								_	emorrhag	_	vical Laceration		
Fetus viable? Yes • N	No.	If viable, medical r	eason for tern	nination:					nfection	_	ined Products		
l les 🕒 l	NO									_	illed Floducts		
Pathological examina	ation	If yes, results:						C	ther (Spec	cify)			
performed?		ii yes, resuits.											
☐ Yes ■ 1	No						Dic	d this Yes			ult in a maternal death?		
		1											
				Type of '	Termi	nation Procedur	res						
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsu							(Nonsurgica						
Medical (Nonsu	rgical) Misoprostol					(Nonsurgica	al) M	isoprosto	l			
Medical (Nonsu	rgicai	Other (Specify)				Medical	(Nonsurgica	ai) O	mer (<i>Spec</i>	ufy)			
☐ Medical (Surgic ☐ Medical (Surgic		action Curettage Tenstrual Aspiration					(Surgical) S (Surgical) N	Mens	trual Aspi				
Medical (Surgic	al) O	ther (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	cedures, answer the foll	owing question	on.		For Medical (Surgical) pr	oced	ures, answ	er the following qu	estion.		
Was the fetus viabl ☐ Yes ☐		ave a post fertilization a	ige at least 20	weeks?			us viable or l		a post fert	tilization age at leas	t 20 weeks?		
		as answered yes, comple	oto the followi	na quastions		_	_		arramad ru	es, complete the fol	lovvina avastians		
				ng questions.			_		-	_	lowing questions.		
	the to	est opportunity to survi	ve?				is given the Yes \square No		opportuni	ty to survive?			
		etermination that the pro									oman had a condition		
that required the prowoman?	ocedu	re to avert death or serie	ous impairmei	nt to the pregn	ant	that required woman?	d the proced	ure to	avert dea	nth or serious impai	rment to the pregnant		
Date last normal mer	ises b	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fe	rtilization age of th	e fetus (in weeks)		
	0	2/15/2016		-		7				5			
How were the gestati	ned?												
22.10.000140													
Full name of physicia	an per	forming termination											
DR. CAROL DELLI	NGEF	₹	, .										
	_	rming termination (nun IDIANAPOLIS, IN 462		t, city, state, a	nd zip	code)							
		, -											
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON) (PP		1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of preg	nancy MON				
Patient's age**	Marr	ied □ Yes ■ No	Date of pregn	nancy termina 04/07/2016		Educa	tion	ı.	High Scho	ol Diploma or 0	SED.				
Race American Indiana		aska Native [Asian White	_		an American	□IJn	known	Ethnicity Hispa			Unknown			
Live Births:		Number now living	0					er now d		0	<u> </u>	_ спалоwn			
Other Terminations:		Number of spontaneous	s terminations				Numb	er of ind	uced termin						
Dates of terminations ((Do 1	not include this termina	tion. If more t	than six (6), t	hose mo	ost recent.)				0					
1		2	3			4		5		6					
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus surviv	ved:				_	•	cation(s) of Pregn	•				
								■ N	None	☐ U	terine	Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🗌 Co	ervical	Laceration			
☐ Yes ■ No	0							☐ I	nfection	☐ R	etaineo	l Products			
									Other (Spec	eify)					
Pathological examination performed?	ion	If yes, results:													
Yes No	0							Did this	s termination	on of pregnancy i	esult i	in a maternal death?			
								☐ Yes	s 🔳 No)					
Type of Termination Procedures															
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy															
Medical (Nonsurg									Mifepriston						
Medical (NonsurgMedical (Nonsurg									Aisoprostol Other (<i>Spec</i>						
Medical (Surgical	D Su	ction Curettage				Medical (Surgical) Suction Curettage									
	() M	enstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)									
Medicai (Surgicai	i) Oi	нег (эресцу)				Medical (Surgical) Other (Specify)									
						For Medical (Surgical) procedures, answer the following question.									
For Medical (Surgical)) pro	cedures, answer the following	lowing question	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following	questi	on.			
Was the fetus viable Yes		we a post fertilization a	ige at least 20	weeks?			us viabl Yes [a post fert	ilization age at le	ast 20	weeks?			
If the previous question		s answered ves comple	ete the followi	na questions		_	_	_	newered ve	es, complete the f	ollow	ing questions			
•				ng questions	•	-	•		•	•	.onow.	ing questions.			
Was the fetus given t		est opportunity to survi	ve?				is giver Yes		opportunit	y to survive?					
What was the basis for	or de	termination that the pro	egnant woman	had a condit	tion	What was th	ne basis	for deter	mination tl	hat the pregnant	womai	n had a condition			
that required the proc woman?	cedui	e to avert death or serie	ous impairmer	nt to the preg	nant	that required woman?	d the pr	ocedure t	o avert dea	th or serious imp	airme	nt to the pregnant			
Date last normal mens	es he	gan		Physician	estimate	e of gestation (i	n weeks	5)	Post fe	rtilization age of	the fe	tus (in weeks)			
	02	2/17/2016				6					4	()			
How were the gestation	nal a	ge and post fertilization	n age determin	ned?											
OLIKASOUND															
Full name of physician	ı perl	Forming termination										1			
DR. CAROL DELLIN	GER	- -													
Address of physician p 200 S. MERIDIAN ST		-		t, city, state,	and zip	code)									
200 G. MERIDIAN ST	ı , IIN	DIMINAL OLIO, IIN 402													
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (P	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE	City or t	town, of pregn BLOO	ancy ter			County of pregna	ncy termination ONROE				
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation								
Patient's age** 24	Mai	ried ☐ Yes ■ No		1ancy termii 04/07/2016		Educ	atiOII		Bach	nelor's Degree					
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown				
Live Births:		Number now living	0				Numb	er now d	eceased	0					
Other Termination	s:	Number of spontaneou	is terminations				Numl	per of ind	uced termin						
Dates of termination	s (Do	not include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				U					
1		2	3			4		5		6					
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination				
☐ Yes ■ I	No							■ 1	None	☐ Uter	ine Perforation				
								_ ı	Hemorrhag	e 🔲 Cerv	vical Laceration				
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ □ ı	nfection	— □ Pote	ined Products				
res 🖭	NO										inied Products				
									Other (Spec	cify)					
Pathological examin performed?	ation	If yes, results:													
Yes •	No							Did this	s termination	on of pregnancy res	ult in a maternal death?				
								☐ Ye		0					
				Туре	of Termin	nation Procedu	ires								
Procedure that Term	inate	l Pregnancy			_	Additional P	rocedur	e that Ter	minated Pr	egnancv					
		•								•					
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol						
		l) Other (Specify)							Other (Spec						
Madical (Surgic	·a1) S	uction Curettage				☐ Medica	(Surgic	val) Sucti	on Curetta						
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspir	ration					
☐ Medical (Surgion	al) (Other (Specify)				Medical (Surgical) Other (Specify)									
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.									
	_	nave a post fertilization						_		ilization age at leas					
			age at least 20	weeks?			Yes [a post tert	ilization age at leas	t 20 weeks?				
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previo	us auest	ion was a	nswered ve	es, complete the fol	lowing questions.				
				.ng question		_	•		·	•	iowing questions:				
Was the fetus giver ☐ Yes [best opportunity to surv	ive?				tus givei Yes [opportunit	ty to survive?					
What was the basis	ford	letermination that the pr	roanent women	had a aand	lition	What was	ha hasis	for data	mination t	hat the prognant we	oman had a condition				
		are to avert death or seri									rment to the pregnant				
woman?						woman?									
Date last normal men	nses t	egan		Physician	n estimate	e of gestation (in week.	s)	Post fe	rtilization age of th	e fetus (in weeks)				
	(02/21/2016				5				3	·				
_	ional	age and post fertilization	n age determin	ned?											
ULTRASOUND															
	_	rforming termination								-					
DR. CAROL DELLI		Corming termination (number of the contraction)	mher and stree	t city state	and zin	code)									
	-	NDIANAPOLIS, IN 46		i, ciry, siute	, ини цр	couc _j									
**Data Dag 1 /	o DC	CS if Detient 1	1 (ma::1: 1												
"Date Reported t	υDC	S, if Patient under 1	+ (month, day,	year):						_					

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		_EGE (BLOOMINGTON MONROE								
The state of the state of			D. C			Ι						
Patient's age** 20	Marrie [ed Yes No	Date of pregr	04/07/2016		Educa	ation	ŀ		ool Diploma or G	BED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unk	anown		/ anic or Latino Hispanic or Latino	o O	Unknown
Live Births:		umber now living	0					er now d		0		
Other Termination	s: N	umber of spontaneou		,			Numbe	er of indu	uced termi			
Dates of termination			v			st recent.)				0		
I					4	l		5	Complia	cation(s) of Pregn	ancy Te	ermination
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				■ N	•	_	•	erforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Hemorrhag	e ∐ Ce	ervical L	Laceration
Yes •	No							☐ I	nfection	☐ Re	etained l	Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	termination	on of pregnancy r	esult in	a maternal death?
								☐ Yes	s I N	0		
				Type of	f Termin	ation Procedu	res					
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Terr	minated Pr	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu									lisoprostol other (Spec			
Medical (Surgio	ral) Suc	tion Curettage				Medical (Surgical) Suction Curettage						
☐ Medical (Surgio	cal) Me	nstrual Aspiration				☐ Medical	(Surgica	l) Mens	trual Aspi			
Medical (Surgio	cai) Oth	er (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) proced	ures, answ	er the following	questior	1.
	le or hav ☐ No	e a post fertilization	age at least 20	weeks?		_	tus viable Yes 🔲		a post fert	tilization age at le	ast 20 v	veeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	8.	If the previous	us questio	on was a	nswered ye	es, complete the f	ollowin	g questions.
	n the bea	st opportunity to surv	vive?					the best	opportuni	ty to survive?		
		ermination that the p	reanant women	had a condi	tion	_	_	•'	mination t	hat the pregnant v	vomen 1	had a condition
that required the pr		to avert death or ser				that require				ath or serious imp		
woman?						woman?						
							_					
Date last normal me	_	an (16/2016		Physician	estimate	of gestation (in weeks))	Post fe	rtilization age of	the fetu 5	s (in weeks)
How were the gestat			on age determin	ned?		•						
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
		·										
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						GE City or town, of pregnancy termination County of pregnancy termination MONROE					•		
Patient's age**		. ,	Date of pregn	ancy tormi	nation	Educa	tion						
25	Mai	ried ☐ Yes ■ No		04/07/2016		Educa	шоп		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		ılaska Native	Asian White	_	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino			
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination 1. 09/23/2015	s (Do	not include this termina		han six (6),		ost recent.)		5		6			
Fetus delivered alive	?	If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation		
								_ I	Hemorrhage		ical Laceration		
Fetus viable?		If viable, medical	reason for term	nination:					Ü	_			
☐ Yes ■ I	No								nfection	☐ Retai	ned Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed?	Nο							Did this	s terminatio	on of pregnancy res	ılt in a maternal death?		
	110							Yes			iit iii a matemai deam?		
				Type	of Termi	nation Procedu	res						
D 1 4	. ,	I.D.		1, pc (4					
Procedure that Term	ınateo	1 Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
Medical (NonsuMedical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Mifepristono Misoprostol				
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)			
Medical (Surgio	al) S	uction Curettage			Medical (Surgical) Suction Curettage								
Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir				
☐ Medical (Surgio	ai) C	mer (<i>specify</i>)				☐ Medical (Surgical) Other (Specify)							
						For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.		
	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given Yes		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	nan had a condition		
that required the process woman?	ocedi	ire to avert death or seri	ious impairmen	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
woman?						woman:							
Date last normal men		-		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)		
Uow won- 41 / ·		02/07/2016	n aga d-4-:	 		8				6			
How were the gestat ULTRASOUND	age and post fertilization	iea /											
Full name of physici DR. CAROL DELLI	_	rforming termination											
Address of physician	n perf	orming termination (num	mber and street	t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						E City or town, of pregnancy termination County of pregnancy termination MONROE					•
Patient's age**	3.	. ,	Date of pregn	ancy termi-	nation	Educa	ntion				1
24	Mar	ried □ Yes ■ No		04/01/2016		Educa	шоп		Some Co	ollege, No Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	ıknown	Ethnicity Hispa Not H	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	leceased	0	
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin		
Dates of termination 1. UNKNOWN	s (Do	not include this termin	•	than six (6),		ost recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■	No							■ 1	None	☐ Uterii	ne Perforation
								n 1	Hemorrhage	e \square Cervi	cal Laceration
Fetus viable?		If viable, medical	reason for term	nination:					Ü		
☐ Yes ■	No							📙 1	Infection	☐ Retain	ned Products
									Other (Spec	cify)	
Pathological examin	ation	If yes, results:									
performed?	No							Did this	s terminatio	on of pregnancy resu	lt in a maternal death?
								☐ Ye			it in a maternar deadr.
				Type o	of Termin	nation Procedu	res				
Procedure that Term	inatad	Pregnancy		71		Additional P		a that Tar	minated D-	eanancy	
_		,								•	
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol		
) Other (Specify)							Other (Speci		
- M 1: 1/6 :	1) 0	· · · · · · · · · · · · · · · · · · ·					/G :	1) 0 (
Medical (SurgionMedical (Surgion		lenstrual Aspiration							ion Curettaş strual Aspir		
☐ Medical (Surgio						☐ Medical	(Surgio	al) Othe	r (Specify)		
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
								_			
	le or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl		e a post fert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	lete the followi	na questions	c	If the previou	is anest	ion was a	newered ve	es, complete the follo	owing questions
				ing questions	s.	_	•		•	•	owing questions.
Was the fetus gives ☐ Yes ☐		pest opportunity to surv	rive?				tus giver Yes [_	opportunit	y to survive?	
				. 1	:4:		_			4 4 1	h
		etermination that the part to avert death or serior								hat the pregnant wor th or serious impair	ment to the pregnant
woman?			-		-	woman?				_	
Date last normal me	nses b	egan		Physician	estimate	e of gestation (in week	5)	Post fee	rtilization age of the	fetus (in weeks)
	C	2/15/2016				7		·		5	
=	age and post fertilization	ned?									
ULTRASOUND											
Full name of physici	-	-									
DR. CAROL DELLI		orming termination (num	mher and stree	t city state	and zin	code)					
	-	IDIANAPOLIS, IN 46		., сиу, зиис,	, <i>աա</i>	coucy					
**Data Dana 1	0 DC	S if Dationt we don't	1 (m and). 1	nacel.							
Date Reported t	u DC	S, if Patient under 1	+ (montn, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	EGE	BLOOMINGTON MONROE					County of pregnancy termination MONROE						
Dationt's**				Doto of -	oner: t-:	notic-	F 1	otio-				1	
Patient's age** 22	Marri	ed Yes	■ No	Date of pregn	04/29/201		Educ	eation			llege, No Degree		
Race ☐ American Indian ☐ Native Hawaiian				Asian White	☐ Black		ın American	□Uı	nknown		nic or Latino Gispanic or Latino	n	
Live Births:		Number no		0					ber now d		0		
Other Termination	s:	Number of	spontaneou	us terminations 0				Num	ber of indu	iced termin			
Dates of termination	s (Do n	ot include	this termin	ation. If more ti	han six (6),	those mo	st recent.)	<u> </u>			<u>·</u>		
1		2		3		4	l		5		6	_	
Fetus delivered alive		If yes, l	length of ti	me fetus surviv	ed:					Complic	ation(s) of Pregnancy Termination		
	110								■ N	Vone	☐ Uterine Perforation		
Fetus viable?		If viabl	e, medical	reason for term	ination:				- D F	Iemorrhage	e Cervical Laceration		
☐ Yes ■	No								☐ I	nfection	☐ Retained Products		
										Other (Spec	ify)		
Pathological examin performed?	ation	If yes, 1	results:										
Yes •										on of pregnancy result in a maternal de	eath?		
									☐ Yes	■ No)		
	Туре о												
		Type	of Termin	ation Proced									
Procedure that Term	inated l	Pregnancy					Additional	Procedur	e that Ten	minated Pro	egnancy		
☐ Medical (Nonsu ☐ Medical (Nonsu										Iifepristone Iisoprostol	2		
Medical (Nonsu										ther (<i>Speci</i>	fy)		
Medical (Surgional Control Contro	cal) Su	ction Curet	tage				☐ Medica	ıl (Surgi	cal) Sucti	on Curettag	ge		
Medical (Surgio	cal) Me	enstrual As	piration				■ Medica	ıl (Surgi		trual Aspir			
	our) Ou	ici (specij)	<i>y)</i>				(agam, a.m. (aparty)						
For Medical (Surgic	al) proc	aduras ans	swar tha fo	llowing questio	an.		For Medica	l (Surgio	eal) proceed	urae anew	er the following question.		
Was the fetus viab								_	_				
	No	ve a post it	erunzauon	age at least 20	weeks?			-	No	a post tern	llization age at least 20 weeks?		
If the previous quest	ion was	answered	yes, comp	lete the following	ng question	ıs.	If the previo	ous quest	tion was a	nswered ye	s, complete the following questions.		
Was the fetus gives ☐ Yes [est opportu	nity to surv	vive?				etus give Yes [opportunit	y to survive?		
What was the basis	s for det	termination	n that the p	regnant woman	had a cond	lition	What was	the basi	s for deter	mination th	nat the pregnant woman had a condition	on	
that required the programmer woman?											th or serious impairment to the pregna		
woman.							woman.						
Date last normal me	nses he	gan			Physician	n estimate	of gestation	(in week	<u>(s)</u>	Post fee	tilization age of the fetus (in weeks)		
	02	/17/2016			·		12	, ,	,	2 330 101	10		
How were the gestat ULTRASOUND	ional ag	ge and post	fertilizatio	on age determin	ed?								
Full name of physici DR. CAROL DELLI	-	orming teri	mination										
Address of physician 200 S. MERIDIAN	-	-			t, city, state	e, and zip o	code)						
**Date Reported t	o DCS	. if Patier	nt under 1	4 (month, day,	vear):				_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		_EGE (City or town, of pregnancy termination County of pregnancy termination BLOOMINGTON MONROE								
Dations 2			D-4 C		_4:_	F 1	4:					
Patient's age** 20	Marrie [ed ☐ Yes ■ No	Date of pregr	04/28/2016		Educa	ition			ollege, No Deg	ree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unknov			nic or Latino Iispanic or Lati	no	☐ Unknown
Live Births:		umber now living	3				Number no			0		
Other Termination	s: N	umber of spontaneou		<u> </u>			Number of	f induc	ced termin			
Dates of termination	,		•	()/		st recent.)				0		
I					4	*		5	Complic	ation(s) of Preg	nancy '	Termination
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				■ No		_		Perforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:				He	emorrhage	e 📙 (Cervica.	l Laceration
Yes I	No							Inf	fection	☐ F	Retaine	d Products
								Ot	ther (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										result	in a maternal death?
								Yes	■ No)		
					a.m. :							
				Type of	Termin	ation Procedu						
Procedure that Term	inated P	regnancy				Additional P	rocedure that	t Term	inated Pr	egnancy		
Medical (Nonsu							(Nonsurgica					
Medical (Nonsu Medical (Nonsu							(Nonsurgica (Nonsurgica					
Medical (Surgio	cal) Suc	tion Curettage				Medical (Surgical) Suction Curettage						
	cal) Mei	nstrual Aspiration					(Surgical) I	Mensti	rual Aspir			
Wiedicai (Surgio	car) Our	сі (Бресіду)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) prog	aduras, answer the fo	llowing questic			Eor Madical	(Surgical) pr		ros ensur	er the following	· anasti	- on
			• .								-	
	le or hav	e a post fertilization	age at least 20	weeks?			Yes N		i post fert	ilization age at	least 20) weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.	-	If the previou	is question w	was ans	swered ye	es, complete the	follow	ing questions.
	n the bes	st opportunity to surv	vive?				us given the Yes \[\] N		pportunit	y to survive?		
	_	ermination that the p	regnant woman	n had a condit	tion	_	_		nination th	nat the pregnant	woma	n had a condition
		to avert death or ser										ent to the pregnant
woman:						woman:						
Data last normal	nees ba-			Dhysician	actimat-	of gentation (in weeks		Dogt f	rtilization ass -	f tha f-	tus (in waaka)
Date last normal me	_	an 04/2016		riiysician	esumate	of gestation (ın weeks)		POST IE	rtilization age o	the te	tus (<i>in weeks)</i>
How were the gestat	ional ag	e and post fertilization					1					
ULTRASOUND												
Full name of above:	an no-f-	eming termination										
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		et, city, state, o	and zip	code)						
**Date Reported to DCS, if Patient under 14 (month, day, year):										_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
- Harried	ancy termination 04/28/2016	Educa	tion	<u>~</u>	ol Diploma or GED				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Uni		nnic or Latino Hispanic or Latino				
Live Births: Number now living			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	-				
Dates of terminations (Do not include this termination. If more to		nost recent.)		_	0				
Fetus delivered alive? 2 3 3 3 3 3 3		4		5 Complic	ration(s) of Pregnancy Termination				
☐ Yes ■ No				None	Uterine Perforation				
Fetus viable? If viable, medical reason for term	ingtion			☐ Hemorrhage	e Cervical Laceration				
Yes No	mation.			Infection	☐ Retained Products				
				Other (Spec	rify)				
Pathological examination If yes, results:									
performed? Yes No				Did this termination	on of pregnancy result in a maternal death?				
				Yes No	1 0				
	Type of Term	ination Procedur	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	egnancy				
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol		Medical	(Nonsu	rgical) Mifepristono rgical) Misoprostol	e				
Medical (Nonsurgical) Other (Specify)				rgical) Other (Speci					
Medical (Surgical) Suction Curettage				al) Suction Curettag					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)				al) Menstrual Aspir al) Other (Specify)	ration				
For Medical (Surgical) procedures, answer the following question	m.	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or have a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes No	weeks:		Yes [inzation age at least 20 weeks:				
If the previous question was answered yes, complete the following	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes 🗀	the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition				
that required the procedure to avert death or serious impairmen woman?	it to the pregnant	woman?	u ine pro	ocedure to avert dea	th or serious impairment to the pregnant				
Date last normal menses began	Physician estima	te of gestation (i	n weeks) Post fer	rtilization age of the fetus (in weeks)				
02/10/2016 How were the gestational age and post fertilization age determin	ed?	11			9				
ULTRASOUND									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street	t, city, state, and zip	p code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					•		
Patient's age**	3.4	riod	Date of pregn	ancy termin	nation	Educa	tion						
25	Mar	ried ☐ Yes ■ No		04/22/2016		Educa			Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	■ Black □ Other		an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations			
Dates of termination 1. UNKNOWN	s (Do	not include this termina	ation. If more to	han six (6),	those mo	ost recent.)		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ed:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ I	No							• 1	None	☐ Uter	ne Perforation		
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	No.	If viable, medical	reason for term	ination:				— П 1	infection	— □ Pata	ined Products		
	NO									_	med Floducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										ult in a maternal death?		
								☐ Yes	s 🔳 No)			
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy			
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol				
Medical (Nonsu	ırgıca	Other (Specify)				Medical	(Nonsu	rgicai) C	Other (Speci	ify)			
		uction Curettage							on Curettag				
☐ Medical (Surgion ☐ Medical (Surgion ☐ Medical (Surgion ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Ienstrual Aspiration Other (Specify)							strual Aspii r (<i>Specif</i> y)	ration			
	,	(op 95)											
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing question	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.		
	le or h	ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at leas	t 20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
	_	etermination that the pr	eanant woma-	had a comi	ition	_		_	mination 4	hat the present	man had a condition		
that required the pr		ire to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
Date last normal men	nses b	egan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	e fetus (in weeks)		
**		2/04/2016	•	10		12				10			
How were the gestat ULTRASOUND	age and post fertilization	ed?											
CETTAGOOND													
Full name of physici	-	•											
DR. CAROL DELLI		Porming termination (num	nher and stran	t city state	and sin	code)							
	-	orming termination (<i>nui</i>		ı, cuy, state,	, ини хір	coue)							
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	GE City or town, of pregnancy termination County of pregnancy termination MONROE					•		
Dations? 44			Data of	nomov- t	otic-	F 1	tion					
Patient's age** 22	Marrie [ed Yes No	Date of pregr	04/22/2016		Educa	tion		helor's Degree			
Race American Indian Native Hawaiian			☐ Asian ☐ White	Black of Other	or Africa	n American	☐ Unknow		y panic or Latino Hispanic or Latino	Unknown		
Live Births:	N	umber now living	0				Number nov	v deceased	0			
Other Termination	s: N	umber of spontaneou	us terminations	3			Number of	nduced term	inations 0			
Dates of termination		ot include this termin	v			st recent.)						
Fetus delivered alive		If yes, length of ti			4.	·	=	Compl	ication(s) of Pregnand	cy Termination		
Yes I		in yes, rengar or a	ine retail but viv					None	☐ Uteri	ne Perforation		
										ical Laceration		
Fetus viable?		If viable, medical	reason for term	nination:					_			
☐ Yes ■ 1	No							Infection	∐ Retai	ned Products		
								Other (Spe	ecify)			
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No									alt in a maternal death?		
								Yes I N	No .			
				Tymo of	f Tamaia	otion Decords						
				Type of	1 Termin	ation Procedu						
Procedure that Term	inated P	regnancy				Additional Pr	rocedure that	Ferminated I	Pregnancy			
Medical (NonsuMedical (Nonsu							(Nonsurgical (Nonsurgical					
Medical (Nonsu							(Nonsurgical					
Medical (Surgio	cal) Suc	tion Curettage				Medical	(Surgical) Su	ction Curett	age			
	cal) Mei	nstrual Aspiration				■ Medical	(Surgical) M	enstrual Asp	iration			
iviedicai (Surgio	zai) Oui	ei (specijy)				Medical (Surgical) Other (Specify)						
	-1)	-1 4- f-	11 :				(C:-1)		41 - 6-11 i			
For Medical (Surgice			• .						wer the following que			
	le or hav No	e a post fertilization	age at least 20	weeks?			us viable or ha Yes	ave a post fe	rtilization age at least	20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previou	is question wa	s answered	ves, complete the follo	owing questions.		
	n the bes	st opportunity to surv	vive?				us given the b	est opportun	ity to survive?			
	_	ermination that the p	regnant woman	n had a condi	ition	_	_	etermination	that the pregnant wor	nan had a condition		
		to avert death or ser							eath or serious impair			
woman:						woman:						
Data lost no1	neges 1	-on		Dlavoi - : -	agtim-t	of gastati	in wasta)	D4 (artilization acf.4	fotus (in		
Date last normal me	_	an '04/2016		rnysician	esumate	of gestation (i	in weeks)	POSť I	ertilization age of the 5	icius (in weeks)		
How were the gestat	ional ag	e and post fertilization	on age determin	ned?				ı				
ULTRASOUND												
Full name of al'	an ro-f	rming torming!										
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip c	code)						
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
Patient's age**	Marri	ed □ Yes ■ No	Date of pregn	nancy termina 04/15/2016	ation	Educa	tion		9th-12	th, No Diploma	
Race American Indiana o	or Ala	aska Native [Asian White	_	or Africa	an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown
Live Births:	1	Number now living	0				Numb	er now d	eceased	0	
Other Terminations:	ı	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0	
Dates of terminations (Do n	ot include this termina		than six (6), ti	hose mo	ost recent.)					
1		2	3			4		5	C 1'	6	
Fetus delivered alive? Yes INO)	If yes, length of tin	ne fetus surviv	ved:				_	•	cation(s) of Pregnan	
								■ N	None	Uter	ne Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🔲 Cerv	ical Laceration
☐ Yes ■ No)							□ I	nfection	Reta	ined Products
									Other (Spec	cify)	
Pathological examinati	ion	If yes, results:									
performed? ☐ Yes ■ No								D:141:			11 40
l les le No	,							Yes			alt in a maternal death?
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurg	ical)	Misoprostol					(Nonsu	rgical) M	Aifepriston Aisoprostol		
☐ Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)	
Medical (Surgical									on Curetta		
☐ Medical (Surgical ☐ Medical (Surgical									strual Aspii r (Specify)	ration	
								•			
For Medical (Surgical)	_					For Medical	Surgica	il) proced	lures, answ	er the following qu	estion.
Was the fetus viable Yes		ve a post fertilization a	ige at least 20	weeks?			us viabl Yes [a post fert	ilization age at leas	20 weeks?
If the previous question		e answered ves comple	ata tha follows	na questions		If the previou	e anacti	on was a	nessiarad via	es, complete the foll	owing questions
•				ng questions.		-	•		•	•	owing questions.
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us given Yes [opportunit	y to survive?	
What was the hasis fo	or de	termination that the pro	eonant woman	had a condit	tion	What was t	ne hasis	for deter	mination th	hat the pregnant wo	man had a condition
that required the proc		e to avert death or serie				that require					ment to the pregnant
woman?						woman?					
Date last normal mense		gan /15/2016		Physician 6	estimate	of gestation (i	n weeks	- <u></u>	Post fe	rtilization age of the	e fetus (in weeks)
How were the gestation	l ned?	10									
ULTRASOUND	•	•	-								
Full name of physician	_	-									
DR. CAROL DELLING			shar and start	t aitu atata	and =:-	coda)					
Address of physician p 200 S. MERIDIAN ST		-		ı, спу, sıате, с	ана zīp	coue)					
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		.EGE	BLOOMING I ON MONRO				·				
Γ= . :	1					Ι.						
Patient's age** 20	Marri	ed Yes I No	Date of pregn	nancy termin 05/26/2016		Educa	ntion	I		ol Diploma or GED)	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	□Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0					er now d		0	сише ин	
Other Termination	ıs: Î	Number of spontaneou					Numb	er of ind	uced termin	nations		
		ot include this termin	0 ation. If more t	han six (6),	those me	ost recent.)				3		
1. UNKNOWN		_{2.} UNKNOWN	3. UNKI			4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination	
☐ Yes ■	No								None	☐ Uterir	ne Perforation	
F		TC : 11 1: 1	· ·	. ,.				□ I	Hemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes	No	If viable, medical	reason for term	iination:				□ I	nfection	☐ Retair	ned Products	
									Other (Spec	rify)		
Pathological examin	ation	If yes, results:							outer (spee	.937		
performed?		ir yes, resures.										
☐ Yes ■	No							Did this			It in a maternal death?	
				Type	of Tarm:	nation Procedu	rec					
		_		1 ype 0	71 1 CHIHI							
Procedure that Term	inated l	Pregnancy				Additional P	rocedure	that Ter	minated Pr	egnancy		
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsu	rgical) N	Aifepristone Aisoprostol	e		
		Other (Specify)							Other (Speci			
Medical (Surgional Control Contro	cal) Su	ction Curettage					(Surgic	al) Sucti	on Curettag	ge		
☐ Medical (Surgio	cal) Me	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir			
Medical (Surgio	cal) Otl	her (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	stion.	
		ve a post fertilization	age at least 20	weeks?					a post ferti	ilization age at least	20 weeks?	
	■ No	1				_	Yes [_	1	11 .6.11		
If the previous quest	tion was	s answered yes, comp	lete the follows	ng questions	S.	If the previou	ıs questi	on was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give ☐ Yes [est opportunity to surv	rive?				tus given Yes [opportunit	y to survive?		
What was the basis	s for de	termination that the p	regnant woman	had a condi	ition	What was t	he basis	for deter	mination th	hat the pregnant won	nan had a condition	
		e to avert death or ser								th or serious impairr		
woman:						woman:						
									1			
Date last normal me		gan 1/25/2016		Physician	estimate	e of gestation (in weeks	:)	Post fer	rtilization age of the	fetus (in weeks)	
How were the gestat		ge and post fertilization	on age determin	ned?						-T		
ULTRASOUND												
Full name of physician	_	-										
DR. CAROL DELLI Address of physician		ming termination (nu	mber and stree	t, citv. state	and zin	code)						
	-	DIANAPOLIS, IN 46		,,,		/						
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE Ci	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
Patient's age**	3.5	:-4	Date of pregr	nancy terminat	tion	Educat	tion				
33	Marı	ried ☐ Yes ■ No		05/26/2016	tion	Educa	non	High Sch	nool Diploma or GE	D	
Race American Indiana Native Hawaiian		•	Asian White	☐ Black or ☐ Other	r Afric	an American	Unknown		ity panic or Latino t Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Number now	deceased	0		
Other Terminations	s:	Number of spontaneou	s terminations				Number of ir	iduced tern	ninations 0		
Dates of terminations UNKNOWN	s (Do	not include this termina		than six (6), th		ost recent.)	5.		6		
Fetus delivered alive	?	If yes, length of tin							lication(s) of Pregnan	cy Termination	
☐ Yes ■ N	No						•	None	☐ Uteri	ne Perforation	
Fetus viable?		If viable, medical r	eason for torn	nination:				Hemorrha	age 🔲 Cerv	ical Laceration	
Yes • N	No	ii viable, medicai i	eason for term	illiation.				Infection	Retai	ined Products	
								Other (Sp	ecify)		
Pathological examina	ation	If yes, results:									
performed?	No						Did t	nis termina	tion of pregnancy res	alt in a maternal death?	
								es 🔳	No		
				Tune of	Term	nation Deceader	*00				
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
_	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy ————————————————————————————————————										
Medical (Nonsu Medical (Nonsu	rgical) Misoprostol				☐ Medical	(Nonsurgical) (Nonsurgical)	Misoprost	ol		
Medical (Nonsu	ırgical	Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spe	ecify)		
	al) M	enstrual Aspiration				Medical	(Surgical) Suc (Surgical) Me	nstrual As _l	piration		
Medical (Surgic	al) O	ther (Specify)				☐ Medical	(Surgical) Oth	ner (<i>Specif</i> y	<i>'</i>)		
For Medical (Surgical	al) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proc	edures, ans	swer the following que	estion.	
Was the fetus viabl		ave a post fertilization a	age at least 20	weeks?			us viable or ha Yes 🔲 No	ve a post fe	ertilization age at least	20 weeks?	
If the previous questi	ion wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered	yes, complete the foll	owing questions.	
	n the b	est opportunity to survi	ve?				us given the be	st opportu	nity to survive?		
		etermination that the pro	agnant women	had a condition	ion	_	_	ermination	that the pregnant wo	man had a condition	
		re to avert death or serie							eath or serious impair		
woman?						woman?					
Date last normal mer	nses be	egan		Physician es	stimate	e of gestation (i	n weeks)	Post	fertilization age of the	e fetus (in weeks)	
	0	3/26/2016				7			5	, ,	
How were the gestati	ional a	ge and post fertilization	n age determir	ned?							
Full name of physicis											
Address of physician	perfo	rming termination (nun		t, city, state, a	ınd zip	code)					
200 S. MERIDIAN S	ST, IN	DIANAPOLIS, IN 462	225								
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPCS		1 SOUTH COLL	.EGE	BLOOMING FON MONROE						
Patient's age** N	/Jarried	i Yes • No	Date of pregn	nancy termina 05/26/2016	ation	Educa	tion	ı	High Scho	ol Diploma or G	ED
Race American Indiana o Native Hawaiian or	r Alas	ka Native [☐ Asian ■ White		or Africa	an American	☐ Un	known	Ethnicity Hispa		
Live Births:	Nι	ımber now living	0				Numb	er now d	eceased	0	
Other Terminations:	Nι	imber of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0	
Dates of terminations (Do no	t include this termina		than six (6), t	hose mo	ost recent.)					
1	2.					4		5	C1:-	6	Titi
Fetus delivered alive? Yes No		If yes, length of tin	ne fetus surviv	ved:					•	ration(s) of Pregna	•
								■ N	None	∐ Ute	erine Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🗌 Cer	rvical Laceration
☐ Yes ■ No								☐ I	nfection	Ret	ained Products
									Other (Spec	rify)	
Pathological examination	on	If yes, results:									
performed? ☐ Yes ■ No)							Did this	s terminatio	on of pregnancy re	esult in a maternal death?
								☐ Yes			
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgi	ical) N	Mifepristone				☐ Medical	(Nonsu	rgical) N	lifepristone	e	
Medical (NonsurgiMedical (Nonsurgi									Aisoprostol Other (Speci		
	icui) (Stiler (Speedy)					(1 tonsu	igicui) c	ther (speed	937	
☐ Medical (Surgical) ☐ Medical (Surgical)									on Curettaş strual Aspir		
Medical (Surgical)									r (Specify)		
For Medical (Surgical)	proce	dures, answer the following	owing question	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following q	uestion.
Was the fetus viable of	or have	e a post fertilization a	ige at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at lea	sst 20 weeks?
☐ Yes ☐			<i>G</i>				Yes [
If the previous question	ı was a	answered yes, comple	ete the following	ng questions.	=	If the previou	s questi	ion was a	nswered ye	es, complete the fo	ollowing questions.
Was the fetus given th		opportunity to survi	ve?						opportunit	y to survive?	
☐ Yes ☐	No					_ `	Yes [No			
What was the basis for that required the process.											oman had a condition airment to the pregnant
woman?	caure	to avert death of serio	ous impuniner	n to the preg	nunc	woman?	a the pr	occurre t	o avert dea	an or serious impe	infinent to the pregnant
Date last normal mense	es bega	ın		Physician	estimate	e of gestation (i	n weeks	s)	Post fer	rtilization age of t	he fetus (in weeks)
04/20/2016 6										4	1
How were the gestation ULTRASOUND	nal age	and post fertilization	n age determin	ned'?							
52.17.000ND											
Full name of physician	perfor	ming termination									
DR. CAROL DELLING	SER										
Address of physician po		=		t, city, state,	and zip	code)					
200 G. WILKIDIAN ST	, וועטו	ANAI OLIO, IN 402	-20								
**Date Reported to I	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42 47403	21 SOUTH COLL	.EGE	City or t		Unknown Not Hispanic or Latino Unknow Number now deceased 0 Number of induced terminations 1 5				
Dationt's ag-**	l		Date of	nonovi to	notice:	F.1.	otica				
Patient's age** 28	Marr	ied □ Yes ■ No	Date of pregn	nancy termin 05/26/2016		Educ	аноп		Asso	ociate Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American	☐ Ur	ıknown	■ Hispa	nic or Latino	☐ Unknown
Live Births:		Number now living								•	_
Other Termination	ıs:	Number of spontaneou					Numl	ber of ind	uced termin		
Dates of termination 1. 04/30/2015	is (Do r	not include this termin	ation. If more to	than six (6),	those me	ost recent.)	<u> </u>	5		6	
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■	No							■ 1	None	☐ Uterir	ne Perforation
									Hemorrhage	e 🛭 Cervi	cal Laceration
Fetus viable?	N.T	If viable, medical	reason for term	nination:					C	_	
☐ Yes ■ 1	No							l l	nfection	☐ Retaii	ned Products
									Other (Spec	rify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this			lt in a maternal death?
								☐ Yes			
				Туре	of Termin	nation Proced	ıres				
Procedure that Term	inated	Pregnancy				Additional I	rocedur	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu	ırgical)	Mifepristone				☐ Medica	l (Nonsı	ırgical) N	lifepristone	e	
☐ Medical (Nonsu	ırgical)	Misoprostol					l (Nonst	ırgical) N	1isoprostol		
Medical (Nonst	ırgıcaı)	Other (Specify)				Medica	I (INONSU	irgical) C	Other (Speci	ify)	
Medical (Surgio									on Curettag		
☐ Medical (Surgional Description of the Medical (Surgional Control of the Medical (Surgional Control of the Medical Control of the		enstrual Aspiration her (Specify)							strual Aspir r (<i>Specify</i>)	ration	
For Medical (Surgic	al) proc	cedures, answer the fo	llowing questic	on		For Medical	(Surgic	al) proced	lures answ	er the following que	stion
							_	_			
	Ie or na ■ No	we a post fertilization	age at least 20	weeks?			Yes [a post tert	ilization age at least	20 weeks?
If the previous quest	ion wa	s answered yes, comp	lete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus give ☐ Yes [est opportunity to surv	rive?				tus give Yes [opportunit	y to survive?	
What was the basis	s for de	termination that the pr	regnant woman	had a cond	ition	What was	the basis	s for deter	mination th	hat the pregnant won	nan had a condition
		e to avert death or ser				that requir					ment to the pregnant
woman!						woman?					
Date last normal me		-		Physician	estimate	e of gestation	in week	s)	Post fer	rtilization age of the	fetus (in weeks)
How were the gestat		4/10/2016 ge and post fertilization	on age determin	led?		6				4	
ULTRASOUND	u	5 Fost Totalizatio		. = -							
L											
Full name of physici DR. CAROL DELLI	-	-									
	-	rming termination (nu		t, city, state,	and zip	code)					
ZUU S. MEKIDIAN	ای IN	DIANAPOLIS, IN 46	ZZO								
**Date Reported t	to DCS	S, if Patient under 1	4 (month, dav.	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	PP(1 SOUTH COLL	EGE (City or t	own, of pregna	•			County of pregna	ancy termination
Patient's age** 23	Marri	ed No	Date of pregn	nancy termina 05/26/2016		Educa	tion		Some Co	ollege, No Degree	e
Race American Indiana o Native Hawaiian o	r Oth	er Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	Not H	nic or Latino Iispanic or Latino	Unknown
Live Births:		Number now living	0					er now d		0	
Other Terminations:	1	Number of spontaneous	s terminations 0				Numb	er of ind	uced termir	nations 0	
Dates of terminations ((Do n		•	than six (6), t	hose mo	ost recent.)					
Fetus delivered alive?		If yes, length of tin		red:		4		5	Complic	ation(s) of Pregna	ncy Termination
Yes No)	if yes, length of thi	ic ictus sui viv	cu.				■ N	None	_	rine Perforation
										_	
Fetus viable?		If viable, medical r	eason for term	nination:					Hemorrhage	_	vical Laceration
☐ Yes ■ No)							☐ I	nfection	Ret	ained Products
									Other (Spec	ify)	
Pathological examinati performed?	ion	If yes, results:									
Yes No	0							Did this	s terminatio	on of pregnancy re	sult in a maternal death?
								☐ Yes	s 🔳 No)	
				Type of	f Termii	nation Procedu	res				
Procedure that Termina	ated 1	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
☐ Medical (Nonsurg									lifepristone	e	
☐ Medical (Nonsurg ☐ Medical (Nonsurg									lisoprostol other (Speci	ify)	
	51041)	omer (speedy))					(1 (01154	191011)	diei (Spee)	997	
Medical (SurgicalMedical (Surgical		ction Curettage enstrual Aspiration							on Curettag strual Aspir		
Medical (Surgical									r (Specify)		
For Medical (Surgical)	proc	edures, answer the following	lowing questic	on.		For Medical	Surgica	ıl) proced	lures, answ	er the following qu	uestion.
Was the fetus viable	or ha	ve a post fertilization a	ige at least 20	weeks?		Was the fet	us viabl	e or have	a post ferti	ilization age at lea	st 20 weeks?
Yes •		To a post retimentor t	igo ut roust 20	weeks.			Yes [a post rere	inzation age at lea	St 20 Weeks
If the previous question	n was	s answered yes, comple	ete the following	ng questions.		If the previou	ıs questi	ion was a	nswered ye	s, complete the fo	llowing questions.
Was the fetus given t	the be	est opportunity to survi	ve?			Was the fet	us giver	the best	opportunit	y to survive?	
☐ Yes ☐	No						Yes [No			
		termination that the pro									oman had a condition
woman?	Jedui	e to avert death of serio	ous impairmen	it to the pregi	паш	woman?	u uie pr	ocedure i	o avert dea	ui oi serious iiipa	irment to the pregnant
Date last normal mense	es be	gan		Physician of	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of th	ne fetus (in weeks)
	03	3/28/2016		-		9		•		7	
How were the gestation	nal a	ge and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physician	, none	orming towningtion									
DR. CAROL DELLING	_	-									
Address of physician p		=		t, city, state,	and zip	code)					
200 S. MERIDIAN ST	r, ini	DIANAPOLIS, IN 462	225								
**Date Reported to	DCS	5, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna	ancy term			County of preg	nancy n	
			n · ·			T = -						
Patient's age** 24	Marrie [ed Yes • No	Date of pregr	nancy termina 05/26/2016		Educa	ation	ŀ		ool Diploma or G	SED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	Black of Other	or Africa	nn American	☐ Unk	nown		/ anic or Latino Hispanic or Latin	0	Unknown
Live Births:	N	umber now living	3					r now d		0		
Other Termination	s: N	umber of spontaneou		ļ			Numbe	r of indu	uced termi			
Dates of termination			v			ost recent.)				0		
Fetus delivered alive		If yes, length of ti			4	1		5	Complic	cation(s) of Pregn	ancy T	Termination
Yes I		ii yes, ieligili oi ti	ilie ietus sui viv	veu.				■ N	•	_	•	Perforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_		Laceration
Yes •	No								nfection	☐ Ro	etained	Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	termination	on of pregnancy i	esult in	n a maternal death?
								☐ Yes	s I N	0		
				Type of	f Termin	nation Procedu	res					
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Terr	minated Pr	regnancy		
Medical (Nonsu									lifepriston			
Medical (Nonsu Medical (Nonsu									lisoprostol ther (Spec			
Medical (Surgional Control Contro	nol) Suo	tion Curattaga				☐ Medical	(Surgice)	1) Suoti	on Curetta			
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical	l) Mens	trual Aspi			
Medical (Surgio	cal) Oth	er (Specify)					(Surgical	l) Other	(Specify)			
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)) proced	ures, answ	er the following	questic	on.
	le or hav	e a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	tilization age at le	east 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previou	us questio	n was ai	nswered ye	es, complete the t	followi	ng questions.
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?		
	_	ermination that the p	reanant women	had a condi	tion	_	_		mination t	hat the pregnant	woman	had a condition
that required the pr		to avert death or ser				that require						nt to the pregnant
woman?						woman?						
Date last normal me	_	an 11/2016		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of	the fet	us (in weeks)
How were the gestat			on age determin	ned?							-	
ULTRASOUND												
							_		_			
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
	,	,										
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):								

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna	ancy termina	ation		County of pre	gnancy MON	
.			D : 0			- I						
Patient's age**	Marrie [d Yes • No	Date of pregr	05/26/2016		Educa	ation	Н		ool Diploma or	GED	
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black o	or Africa	n American	Unkno	own		7 Anic or Latino Hispanic or Latin	no	☐ Unknown
Live Births:	N	umber now living	1	_			Number n	now de		0		
Other Termination	s: N	umber of spontaneou	us terminations	ļ			Number o	of indu	ced termi			
Dates of termination			v			st recent.)						
Fetus delivered alive		If yes, length of ti			4	·		5	Complic	cation(s) of Preg	gnancy '	Termination
Yes •		ii yes, iengui oi u	ine retus surviv	veu.				■ N		_	•	Perforation
										_		
Fetus viable?		If viable, medical	reason for term	nination:					emorrhag			l Laceration
Yes • 1	No						l l	∐ In	fection	∐ F	Retaine	d Products
								□ o	ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No										result	in a maternal death?
								Yes	■ No	0		
					6.T. :							
				Type of	1 Termin	ation Procedu						
Procedure that Term	inated P	regnancy				Additional P	rocedure tha	at Tern	ninated Pr	regnancy		
Medical (Nonsu							(Nonsurgic					
Medical (Nonsu Medical (Nonsu							l (Nonsurgic l (Nonsurgic					
Medical (Surgio	cal) Suc	tion Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge.		
☐ Medical (Surgio	cal) Mer	strual Aspiration					(Surgical)	Menst	trual Aspi			
Medical (Surgio	car) Our	er (<i>specijy)</i>				Wiedicai	(Surgical)	Other	(зресіју)			
	•						(2 1 1)					-
For Medical (Surgice			• .							er the following	_	
	le or hav	e a post fertilization	age at least 20	weeks?			tus viable or Yes 🔲 N		a post fert	ilization age at	least 20) weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previou	us question v	was an	iswered ye	es, complete the	follow	ing questions.
	n the bes	t opportunity to surv	vive?				tus given the		opportunit	ty to survive?		
	_	ermination that the p	regnant woman	n had a condi	tion	_	_		nination t	hat the pregnant	t woma	n had a condition
		to avert death or ser										ent to the pregnant
woman !						woman!						
Data last == 1	maa-1			Dk: '		of oc-t-(' ('in 1- \		DC	mtilion+:	£ 41 C	tuo (in see Le)
Date last normal me	_	an 30/2016		Pnysician	estimate	of gestation (in weeks)		Post fe	rtilization age o	of the fe	tus (<i>in weeks)</i>
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					I			
ULTRASOUND												
En assis		. ,										
Full name of physici	NGER	_										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	CSI) (MONROE CO.) - 42°	1 SOUTH COLL	.EGE Cit	ty or t	own, of pregna BLOOM	ncy terminati	ion		County of pre		termination IROE
Patient's age**	3.4		Date of pregr	nancy terminati	ion	Educat	tion					
33	Mar	ried Yes No		05/26/2016	IOII	Educal	LI () II	H	-	ool Diploma or	GED	
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknow		Not 1	y anic or Latino Hispanic or Lati	no	Unknown
Live Births:		Number now living	3				Number no	w de	eceased	0		
Other Termination	s:	Number of spontaneous	s terminations 0				Number of	indu	ced termi	nations 0		
Dates of termination	s (Do	not include this termina	•			ost recent.)						
Fetus delivered alive		If yes, length of tim		ad.		4		5	Compli	cation(s) of Preg	nancv	Termination
Yes I		if yes, length of the	ie ietus surviv	reu.				ı N	•	_	•	Perforation
								_	emorrhag			l Laceration
Fetus viable?	N _O	If viable, medical re	eason for term	nination:					nfection	_		d Products
l les 🗀 l	NO									_	cetanic	a Floducts
Pathological examin	otion	If yes, results:] ()	ther (Spe	cify)		
performed?		ii yes, iesuits:										
☐ Yes ■	No							this Yes			result	in a maternal death?
				Type of T	<u>Γermi</u> ı	nation Procedur	res					
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that	Tern	ninated P	regnancy		
☐ Medical (Nonsu						_	(Nonsurgical					
Medical (Nonsu	ırgical) Misoprostol				☐ Medical	(Nonsurgical	í) M	isoprosto	1		
	ırgıcaı	Other (Specify)				Medical	(Nonsurgical	1) ()	iner (<i>Spec</i>	etfy)		
Medical (Surgion Medica		action Curettage Tenstrual Aspiration					(Surgical) Si (Surgical) M					
Medical (Surgio	cal) O	ther (Specify)					(Surgical) O					
For Medical (Surgical	al) pro	cedures, answer the foll	owing question	on.		For Medical (Surgical) pro	ocedi	ures, answ	wer the following	quest	ion.
Was the fetus viabl ☐ Yes ☐		ave a post fertilization a	ige at least 20	weeks?			us viable or h		a post fer	tilization age at	least 2	0 weeks?
		as answered yes, comple	nto the followi	na questions		_	_		verrored v	es, complete the	follow	ring questions
				ng questions.		_	-		-	_	IOHOV	ring questions.
	n the b	est opportunity to survi	ve?				us given the term of term of term of the term of the term of the term of term of term of term of term		opportuni	ty to survive?		
		etermination that the pre										n had a condition
that required the pr woman?	rocedu	re to avert death or serio	ous impairmer	nt to the pregna	ant	that required woman?	d the procedu	are to	avert de	ath or serious im	pairm	ent to the pregnant
Date last normal mer	nses b	egan		Physician es	timate	e of gestation (i	n weeks)		Post fe	ertilization age o	f the fe	etus (in weeks)
	U	NKNOWN		-		9					7	
How were the gestat	10nal a	nge and post fertilization	age determin	ied?								
Full name of physici												
DR. CAROL DELLI Address of physician		rming termination (num	iber and stree	t, city, state, an	nd zip	code)						
	-	DIANAPOLIS, IN 462		. 5,	~7	, 						
**Date Reported t	o DC	S, if Patient under 14	(month, day,	year):								

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Dations 2			D-4 C		-4:-	1 -						
Patient's age**	Marrie [ed ☐ Yes ■ No	Date of pregr	05/26/2016		Educa	ition			ollege, No Deg	ree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	nn American	☐ Unkne	own		/ anic or Latino Hispanic or Lati	no	Unknown
Live Births:		umber now living	0				Number			0		_
Other Termination	s: N	umber of spontaneou		<u> </u>			Number	of indu	iced termi			
Dates of termination			•	, ,,		ost recent.)				0		
I					4	1		5	Complia	cation(s) of Preg	nancy '	Fermination
Fetus delivered alive		If yes, length of ti	me retus surviv	ved:				■ N	•	_	•	Perforation
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Iemorrhag	e ∐ (Cervical	Laceration
Yes I	No							☐ Iı	nfection	☐ F	Retained	l Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Ē	Did this	termination	on of pregnancy	result i	in a maternal death?
								Yes	■ No	0		
				Type of	f Termin	nation Procedu	res					
Procedure that Term	inated P	regnancy				Additional P	rocedure th	nat Teri	minated Pr	regnancy		
Medical (Nonsu							(Nonsurgi					
Medical (Nonsu Medical (Nonsu							(Nonsurgi (Nonsurgi					
Medical (Surgio	ral) Suc	tion Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge		
Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical)	Mens	trual Aspi			
Medical (Surgio	car) Oth	er (<i>Specify</i>)					(Surgical)	Otner	(ѕресіју)			
For Medical (Surgice	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)	proced	ures, answ	er the following	g questi	on.
	le or hav No	e a post fertilization	age at least 20	weeks?			us viable o Yes		a post fert	tilization age at	least 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.		If the previou	ıs question	was aı	nswered ye	es, complete the	follow	ing questions.
	n the bes	st opportunity to surv	vive?				us given th		opportunit	ty to survive?		
	_	ermination that the p	regnant woman	n had a condit	tion	_	_		mination t	hat the pregnant	Womai	n had a condition
that required the pr		to avert death or ser				that require						nt to the pregnant
woman?						woman?						
				Di · ·							C.1 2	
Date last normal me	_	an 02/2016		Physician	estimate	of gestation (ın weeks)		Post fe	rtilization age o	f the fe	tus (in weeks)
How were the gestat	ional ag	e and post fertilization	on age determin	ned?								
ULTRASOUND												
Full name of physici	NGER	-	_									
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC	SI) (MONROE CO.) - 4: 7403	21 SOUTH COLL	_EGE (City or to	own, of pregna BLOOM	ancy termi			County of pregi	nancy to	
The state of the state of			D. C			1 = -	··					
Patient's age** 23	Marrie	d Yes No	Date of pregr	05/26/2016		Educa	ition	F		ool Diploma or G	ED	
Race American Indian Native Hawaiian			Asian White	☐ Black o	or Africa	n American	☐ Unkr	nown		7 anic or Latino Hispanic or Latino)	Unknown
Live Births:	N	umber now living	0				Number	r now de	eceased	0		
Other Termination	s: N	umber of spontaneou		;			Number	r of indu	uced termi			
Dates of termination		ot include this termin	ation. If more t		those mo	st recent.)		_ 5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Compli	cation(s) of Pregn	ancy T	ermination
Yes •	No							■ N	None	☐ Ut	erine P	erforation
								□ H	Hemorrhag	e 🗌 Ce	ervical l	Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				☐ Iı	nfection	□ Re	tained	Products
	.,,							_		_		110000
Pathological examin	ation	If yes, results:							Other (Spec	ajy)		
performed?	ation	if yes, results.										
☐ Yes ■	No							Did this ☐ Yes			esult in	a maternal death?
									,	0		
				Type of	f Termin	ation Procedu	res					
Dun and dun all the Towns	:			Турс ог	1 Termin			14 T				
Procedure that Term						Additional P						
Medical (Nonsumer)Medical (Nonsumer)									lifepriston lisoprostol			
Medical (Nonsu									ther (Spec			
Medical (Surgio									on Curetta			
Medical (Surgion Medica		nstrual Aspiration er (Specify)							strual Aspi (Specify)	ration		
For Medical (Surgic	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)	proced	ures, answ	ver the following	questio	n.
	_	e a post fertilization						_		tilization age at le	_	
	☐ No					_	Yes					
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previou	ıs questioi	n was ai	nswered ye	es, complete the f	ollowir	ng questions.
	n the bes No	st opportunity to surv	vive?			_	us given t Yes		opportuni	ty to survive?		
		ermination that the p								hat the pregnant v		
that required the property woman?	rocedure	to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the proc	cedure to	o avert dea	nth or serious imp	airmen	t to the pregnant
Date last normal me	nses hea	an		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of	the fet	ıs (in weeks)
	03/	31/2016				9			1 031 10	_	7	(
How were the gestat	ional ag	e and post fertilization	n age determin	ned?								
ULTRASOUND												
Full nom£ . 1	ion == C	eming towning!										
Full name of physici DR. CAROL DELLI	NGER	_										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
		·										
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_		

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Dise of preguancy termination Dise of preguancy terminatio	Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE Ci	ity or t	own, of pregna BLOOM	ncy terminati IINGTON	ion		County of pre		termination IROE
Rece American Indiana or Alaska Narives Asia Billack or African American Debacity Bilgonia or Latino University University Billack or African American Debacity D	Patient's age**	1.7	:-4	Date of pregr	nancy terminat	tion	Educat	tion					
Anterioa Indiano or Alaska Native White Other		Marr				HOH	Educa	Hon	Н	igh Scho	ool Diploma or	GED	
Date of continuations Number of spontaneous terminations Number of undeced terminations One-trained products Number of undeced terminations One-trained products One-trained	☐ American Indiana				_	Africa	an American		n	Hisp Not l	anic or Latino	no	Unknown
Date Strenminations Department of Procedure this seriousians. If more than six (0), those most recent.) Parts delivered aftive? If yes, length of time fetus survived:	Live Births:		Number now living	1				Number nov	w de	ceased	0		
For deliced alives Yes No	Other Terminations	s:	Number of spontaneou					Number of	indu	ced termi			
Petro delivered alwe?	Dates of terminations	s (Do 1					ost recent.)						
None Chrisis Perforation Fotus viable? If viable, medical reason for termination: If viable, medical reason for termination If viable, medical reason If v	Fetus delivered alive	?	1				4		5	Complie	cation(s) of Preg	nancy	Termination
Herrorrhage Cervical Laceration Herrorrhage Cervical Laceration Infection Retained Products Other (Specify)			in yes, length of th	ne retus sur viv	cu.				1 N	one	Π τ	Jterine	Perforation
Fetus vishe? No									_				
Pathological examination Pathological examination Presenting Pathological examination Presenting Pathological examination Presenting Present		Jo.	If viable, medical i	eason for tern	nination:						_		
Pathological examination performed? No life yes, results: Type of Termination Procedures Did this termination of prognancy result in a maternal death?		10									_	cctanic	a Froducts
Did this termination of pregnancy result in a maternal death?	Pathological examina	ation	If yes results:] ()	mer (<i>spe</i>	сіју)		
Type of Termination Procedures Procedure that Terminated Pregnancy	performed?		ii yes, results.										
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstraal Aspiration Medical (Surgical) Menstraal Aspiration Medical (Surgical) Menstraal Aspiration Medical (Surgical) Menstraal Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No No what was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstraal Aspiration Medical (Surgical) Procedures, answer the following questions. Was the fetus wiable or have a post fertilization age at least 20 weeks? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetu	∐ Yes ■ N	No										result	in a maternal death?
Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstraal Aspiration Medical (Surgical) Menstraal Aspiration Medical (Surgical) Menstraal Aspiration Medical (Surgical) Menstraal Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No No what was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstraal Aspiration Medical (Surgical) Procedures, answer the following questions. Was the fetus wiable or have a post fertilization age at least 20 weeks? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetu			•										
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Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedure	Procedure that Termi	inated	Pregnancy				Additional Pr	ocedure that	Term	ninated P	regnancy		
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedure	_						_						
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Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	Wiedicai (Nollsui	igicai,	Other (<i>specify</i>)				Wiedicai	(Ivolisurgical	i) Oi	пет (ърес	uy)		
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)													
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) 6 How were the gestational age and post fertilization age determined? ULTRASOUND Pull name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	☐ Medical (Surgical	al) M	enstrual Aspiration				Medical	(Surgical) M	lenst	rual Aspi	ration		
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began O3/22/2016 O3	Medical (Surgical)	al) Ot	ther (Specify)				☐ Medical	(Surgical) O	ther	(Specify)			
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Yes No Yes Yes No Yes	For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgical) pro	cedu	ires, answ	ver the following	quest	ion.
If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given give			ave a post fertilization a	age at least 20	weeks?					a post fer	tilization age at	least 2	0 weeks?
Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity of the survive? Was the fetus given the best opportunity of the survive? Was the fetus given the best opportunity of the survive? Was the fetus given the best opportunity of the survive? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Post fertilization age of the fetus (in weeks) 8 Post fertilization age of the fetus (in weeks) 6 How were the gestation (in weeks) 8 Post fertilization age of the fetus (in weeks) 8 But a survive? What was the basis for determination that the pregnant woman? What was the basis for determination that the pregnant woman? What was the basis for determination that the pregnant woman? What was the basis for determination that the pregnant woman? What was the basis for determination that the pregnant			s answered ves compl	ete the followi	ng questions		_	_		swered v	es complete the	follov	zing auestions
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began O3/22/2016 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225					ng questions.		_	_		-	_	ionov	ing questions.
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How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	1 1	ocedui	re to avert death or seri	ous impairmei	nt to the pregna	ant		d the procedu	ire to	avert dea	ath or serious im	pairm	ent to the pregnant
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
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Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	**						8					6	
Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	_	ional a	ge and post fertilization	n age determir	ied?								
DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
Address of physician performing termination (number and street, city, state, and zip code) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225				nher and stree	t city state a	ınd zir	code)						
		-	-		., сыу, ыше, и	u Lip	couc _j						
**Date Reported to DCS, if Patient under 14 (month, day, year):	**Date Reported to	n DC'	S. if Patient under 12	(month day	year).								

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	•			County of pregna	nncy termination
Patient's age** 21	Mari	ried No	Date of pregn	nancy termina 05/26/2016		Educa	tion		Some Co	ollege, No Degree	e
Race American Indiana Native Hawaiian o	or Otl	ner Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Terminations	:	Number of spontaneou	s terminations 0	•			Numb	er of ind	uced termir	nations 0	
Dates of terminations	(Do	not include this termina	v	than six (6), t	those mo	ost recent.)					
Fetus delivered alive?)	If yes, length of tin		vad:		4		5	Complic	ation(s) of Pregnat	ncy Termination
Yes N		if yes, length of the	ile fetus surviv	veu.				■ N	None	_	rine Perforation
										_	
Fetus viable?		If viable, medical r	eason for term	nination:					Hemorrhage	_	vical Laceration
☐ Yes ■ N	o							☐ I	nfection	Reta	ained Products
									Other (Spec	ify)	
Pathological examinate performed?	tion	If yes, results:									
Yes N	Ю										sult in a maternal death?
								☐ Yes	s 🔳 No)	
				Type of	f Termii	nation Procedu	res				
Procedure that Termin	nated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	egnancy	
Medical (Nonsur									lifepristone	e	
☐ Medical (Nonsur ☐ Medical (Nonsur									lisoprostol other (Speci	ify)	
Modical (Surgice	1) 6,	nation Curattage				— Madical	(Suraio	al) Suati	on Curatta		
	al) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir		
☐ Medical (Surgica	al) O	ther (Specify)				☐ Medical	(Surgic	al) Other	r (Specify)		
For Medical (Surgical	l) pro	cedures, answer the fol	lowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	uestion.
		ave a post fertilization a	ige at least 20	weeks?					a post fert	ilization age at lea	st 20 weeks?
☐ Yes ■] No						Yes [No			
If the previous question	on wa	as answered yes, comple	ete the followi	ng questions		If the previou	ıs questi	ion was a	nswered ye	s, complete the fo	llowing questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?	
What was the basis	for d	etermination that the pro	egnant woman	n had a condit	tion	What was t	he basis	for deter	mination th	nat the pregnant we	oman had a condition
		re to avert death or serie									irment to the pregnant
woman:						woman:					
								,		July 10 C C	
Date last normal mens		egan 4/04/2016		Physician	estimate	e of gestation (a	n weeks	5)	Post fer	tilization age of th 5	ne fetus (in weeks)
How were the gestation		age and post fertilization	n age determin	ned?					1		
ULTRASOUND											
Full name of physicia DR. CAROL DELLIN	_	-									
		orming termination (num	nber and stree	et, city, state,	and zip	code)					
= -	_	IDIANAPOLIS, IN 462		. ,	.,	•					
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-	

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Facility Name and Addre PLANNED PARENTHOOD (I AVENUE, BLOOMINGTON, I	ess PPCS IN, 47	I) (MONROE CO.) - 42 403	1 SOUTH COLL	EGE	y or tow	n, of pregna	•			County of		cy termination NROE
Patient's age** Ma	arried	l] Yes 🔳 No		ancy termination	on	Educat	tion		Bach	elor's Deg	ree	
Race American Indiana or Native Hawaiian or C	Alas Other	ka Native [Asian White		African	American		known er now de	Ethnicity Hispa Not H	nic or Latir	10	Unknown
Live Births:			0						iced termin	0		
Other Terminations:		mber of spontaneous	0				Nullio	er or mac	iced terriii	0		
Dates of terminations (D	00 noi 2.	include this termina	tion. If more to	han six (6), tho	ose most	recent.)		5.			6.	
Fetus delivered alive? Yes No		If yes, length of tin		ed:				■ N	Complic	ation(s) of	_	y Termination ne Perforation
Fetus viable? Yes No		If viable, medical r	eason for term	ination:				Iı	Iemorrhage			eal Laceration ned Products
									Other (Spec	ify)		
Pathological examination performed? Yes No	n	If yes, results:						Did this ☐ Yes			ancy resul	It in a maternal death?
						-			-	-		
				Type of T	<u>`erminat</u>	ion Procedur	es					
Procedure that Terminate	ed Pr	egnancv		**		Additional Pr		e that Terr	ninated Pro	egnancv		
Medical (Nonsurgic						_			lifepristone			
Medical (Nonsurgic	al) N	/lisoprostol				Medical	(Nonsu	rgical) M	Iisoprostol			
☐ Medical (Nonsurgic	cal) (Other (Specify)				Medical	(Nonsu	rgical) O	ther (Speci	fy)		
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Men	strual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag trual Aspir (Specify)			
For Medical (Surgical) p	roceo	lures, answer the foll	owing questio	n.	$-\left \frac{1}{F}\right $	For Medical (Surgica	al) proced	ures, answ	er the follo	wing ques	 stion.
Was the fetus viable or	· have		- 1			Was the fetu	ıs viabl	e or have			0 1	
Yes N		marrianad vias acomolic	to the fellowing	na avestions	14	_	čes 🗀			a aammiata	the fello	vina avastians
Was the fetus given the Yes	e best			ng questions.		Was the fetu	•	n the best	·	•		wing questions.
		· · · · · · · · · · · · · · · · · · ·		1 1 157		_				1		1 1 12
What was the basis for that required the proceed woman?												nan had a condition nent to the pregnant
					<u> </u>							
Date last normal menses	_	n 11/2016		Physician est	timate of	f gestation (i	n weeks	s)	Post fer	tilization a	ge of the	fetus (in weeks)
How were the gestationa ULTRASOUND			age determin	ed?							T	
Full name of physician p DR. CAROL DELLINGE	ER											
Address of physician per 200 S. MERIDIAN ST,		-		t, city, state, an	d zip co	de)						
, , , , , , , , , , , , , , , , , , ,												
**Date Reported to D	CS	if Dationt under 1.4	(moreth J	war):								
Date Reported to D	vs,	n ranciii uilder 14	(monin, aay, j	yeur)								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE	City or t	town, of pregn BLOO	ancy teri			County of pregnat	ncy termination ONROE
Patient's age**	Mar	ried	Date of pregn	nancy termin	nation	Educ	ation				1
22	1 V1 81	ried ☐ Yes ■ No		05/26/2016		Lade			Bach	elor's Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	per now d	eceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations	
Dates of termination 1. 01/24/2015	s (Do	not include this termina	ation. If more t	than six (6),		ost recent.)		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	/ed:					Complic	cation(s) of Pregnan	cy Termination
☐ Yes ■	No							• 1	None	Uter	ine Perforation
								I	Hemorrhag	e 🔲 Cerv	rical Laceration
Fetus viable? Yes	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Reta	ined Products
	.10										med Floddets
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No										ult in a maternal death?
								☐ Yes	s 🔳 No)	
				Type	of Termin	nation Procedu	ires				
Procedure that Term	inated	Pregnancy				Additional F	rocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medica	l (Nonsu	rgical) N	//////////////////////////////////////	e	
Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)				☐ Medica	(Nonsu	rgical) N	Aisoprostol Other (Spec		
Wiedicai (Ivolist	iigica) Other (specify)				Wiedica	(INOIISU	irgicai) C	other (Speci	ijy)	
		uction Curettage							on Curetta		
Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspii r (<i>Specify)</i>	ration	
E M- di1 (Ci-	-1)		11 : : -				(C:	-1)	1	41 £-11	4:
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.			_	_		er the following qu	
	le or h ■ No	ave a post fertilization	age at least 20	weeks?			tus viabl Yes [_	a post fert	ilization age at leas	t 20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previo	us questi	ion was a	nswered ye	es, complete the following	lowing questions.
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				tus giver Yes [_	opportunit	y to survive?	
	_	etermination that the pr	egnant woman	n had a cond	ition		_		mination t	hat the pregnant wo	man had a condition
that required the pr		re to avert death or seri				that require					rment to the pregnant
woman?						woman?					
<u> </u>						I					
Date last normal me		•		Physician	estimate	e of gestation	in week:	s)	Post fe	rtilization age of the	· ·
How were the costat		3/04/2016 age and post fertilization	n age determin	ned?		12				10	
ULTRASOUND	ionai	age and post territizatio	n age ucteriiili	icu:							
3112											
Full name of physici DR. CAROL DELLI	-	•									
	-	orming termination (num		t, city, state	, and zip	code)					
200 S. MERIDIAN	sT, II	IDIANAPOLIS, IN 46	225								
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnan	cy termination DNROE
Patient's age**			Date of pregn	anov to-	nation	Educa	tion				1
21	Mar	ried ☐ Yes ■ No		05/26/2016		Educa	шоп	ı	High Scho	ol Diploma or GED	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	1				Numb	er now d	leceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)	1				
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnanc	ry Termination
res • r	NO							• 1	None	☐ Uterii	ne Perforation
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	Vο	If viable, medical	reason for term	ination:				Пі	Infection	□ Retair	ned Products
	10									_	ned Froducts
									Other (Spec	eify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did thi	s termination	on of pregnancy resu	lt in a maternal death?
								☐ Ye	s 🔳 No	0	
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
										•	
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepriston Aisoprostol		
		l) Other (Specify)							Other (Spec		
Madical (Surgic	(1) C	uction Curettage				Madical	(Surgio	ol) Suoti	ion Curetta	ga	
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration	
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
							_	_			
	e or r ■ No	nave a post fertilization	age at least 20	weeks?			us viabi Yes [_	e a post tert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	lete the followi	na auestions	c	If the previou	is anesti	ion was a	incured ve	es, complete the follo	owing questions
				ng questions	s.	_	_		-	_	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?	
	_			1 1 2		_	_	_		L a d	
		etermination that the part of avert death or serior								hat the pregnant wor tth or serious impair	man had a condition ment to the pregnant
woman?			1			woman?	•			•	1 0
Date last normal men	nsec h	eoan		Physician	estimate	e of gestation (in wool	(2)	Poet for	rtilization age of the	fetus (in wooks)
Dute hast normal iller		03/01/2016		1 mysiciali	comman	10	ii week	,,	1 051 16	tilitzation age of the 8	ious (in weeks)
How were the gestat	ional	age and post fertilization	n age determin	ied?							
ULTRASOUND											
							_				
Full name of physici	an pe	rforming termination									
DR. CAROL DELLI											
	-	orming termination (number of the NDIANAPOLIS, IN 46		t, city, state,	, and zip	code)					
200 S. WERIDIAN S	ון, וכ,	ADIDINALOLIS, IN 40									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	r town, of pregna BLOOM	ncy termination	С	ounty of pregnanc MOI	y termination NROE					
	ancy termination 05/19/2016	Educat	ion	Some Colle	ge, No Degree						
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afri	ican American	Unknown		or Latino panic or Latino	☐ Unknown					
Live Births: Number now living 0			Number now o		0						
Other Terminations: Number of spontaneous terminations 0			Number of ind	uced terminati	ons 0						
Dates of terminations (Do not include this termination. If more the	han six (6), those 1	most recent.)									
Fetus delivered alive? 2 3 Fetus delivered alive? If yes, length of time fetus surviv.		4	5	Complication	on(s) of Pregnancy	/ Termination					
Yes No	eu.			None	_	e Perforation					
Fetus viable? If viable, medical reason for term	ination:			Hemorrhage	_	al Laceration					
☐ Yes ■ No				Infection	☐ Retain	ed Products					
				Other (Specify)							
Pathological examination performed?											
Yes No					of pregnancy resul	t in a maternal death?					
			☐ Ye	s • No							
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgical) Mifepristone			(Nonsurgical) N								
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsurgical) Nonsurgical) (
Medical (Surgical) Station Curattage		☐ Madical	(Surgical) Suct	ion Curattaga							
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgical) Suct (Surgical) Men	strual Aspirati	on						
Medical (Surgical) Other (Specify)		Medical (Surgical) Other (Specify)									
For Medical (Surgical) procedures, answer the following question	n.	For Medical (Surgical) proceed	dures, answer t	he following ques	tion.					
Was the fetus viable or have a post fertilization age at least 20	weeks?			a post fertiliz	ation age at least 2	20 weeks?					
☐ Yes ■ No			Yes □ No								
If the previous question was answered yes, complete the following	ng questions.	If the previou	s question was a	inswered yes, o	complete the follow	wing questions.					
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			is given the best Yes No	opportunity to	survive?						
What was the basis for determination that the pregnant woman	had a condition	What was th	ne basis for deter	rmination that	the pregnant wom	an had a condition					
that required the procedure to avert death or serious impairmen woman?						nent to the pregnant					
woman:		woman:									
Date last normal menses began 03/10/2016	Physician estima	ate of gestation (in 11	n weeks)	Post fertili	zation age of the f	tetus (in weeks)					
How were the gestational age and post fertilization age determin	<u> </u>										
ULTRASOUND											
Full name of physician performing termination DR. CAROL DELLINGER											
Address of physician performing termination (number and street	t, city, state, and zi	ip code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225											
**Date Reported to DCS, if Patient under 14 (month, day,	Date Reported to DCS, if Patient under 14 (month, day, year):										

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					•					
Detical and			D-/ C		-4:	I = -	-4:						
Patient's age** 21	Marrie [ed ☐ Yes ■ No	Date of pregr	05/19/2016		Educ	ation	ŀ		ool Diploma or Gl	ED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	nn American	☐ Uni	known		7 anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	2				Numb	er now d	eceased	0			
Other Termination	s: N	umber of spontaneou		;			Numb	er of ind	uced termi				
Dates of termination			•			ost recent.)				0			
Fetus delivered alive		If yes, length of ti			4	·		5	Complic	cation(s) of Pregna	incy Termination		
Yes I		in yes, length of th	ine retas sur viv	rea.				■ N	None	□ Ute	erine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:						_	rvical Laceration		
☐ Yes ■ 1	No							∐ I	nfection	∐ Ret	ained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										esult in a maternal death?		
								☐ Yes	s I N	0			
				Trees of	f Tami	nation Procedu	ırec						
5 1 1 5				Type of	1 Termin								
Procedure that Term		•				Additional F	rocedure	that Ter	minated Pi	regnancy			
Medical (NonsuMedical (Nonsu									lifepriston lisoprostol				
Medical (Nonsu									ther (Spec				
Medical (Surgio	cal) Suc	tion Curettage				☐ Medica	l (Surgica	al) Sucti	on Curetta	ge			
Medical (Surgio		nstrual Aspiration							strual Aspi	ration			
(Surgra	, ou	or (opecay)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proce	edures answer the fo	llowing questic			For Medical (Surgical) procedures, answer the following question.							
			• .				_	_					
	No	re a post fertilization	age at least 20	weeks?			Yes [a post teri	tilization age at lea	ist 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	8.	If the previo	us questi	on was a	nswered ye	es, complete the fo	ollowing questions.		
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?			
	_	ermination that the p	regnant woman	n had a condi	tion	_	_	_	mination t	hat the pregnant w	roman had a condition		
		to avert death or ser									irment to the pregnant		
woman:						woman:							
Data last normal	nege ba-	an		Dhyminian	actimat-	of gostation	(in meal-	-)	Doct f-	rtilization acc of d	he fetus (in weeks)		
Date last normal me	_	an '29/2016		rnysician	esumate	of gestation 6	ıп weeks)	Post fe	_	he fetus (in weeks)		
How were the gestat	ional ag	e and post fertilization	on age determin	ned?									
ULTRASOUND													
Full news of 1 · · ·	an C												
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_			

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age** 34	Marı	ied □ Yes ■ No	Date of pregn	nancy termina 05/19/2016	ation	Educa	tion		Asso	ciate Degree		
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black o	or Africa	an American	Unk		☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown	
Live Births:		Number now living	1					er now d		0		
Other Terminations	•	Number of spontaneou	0				Numbe	er of ind	uced termin	nations 1		
Dates of terminations 09/14/2015	(Do	not include this termind	v	than six (6), th	hose mo	ost recent.)				4		
Fetus delivered alive?	,	If yes, length of tir	ne fetus surviv	ved:		4		5	Complic	ation(s) of Pregnan	cy Termination	
☐ Yes ■ N		7 117						■ N	None	☐ Uteri	ne Perforation	
								П	Hemorrhage	e \square Cerv	ical Laceration	
Fetus viable? ☐ Yes ■ N	ĺ0.	If viable, medical i	eason for term	nination:					nfection		ned Products	
1cs N	U									_	ned i roducts	
Pathological examina	tion	If yes, results:							Other (Spec	ify)		
performed?		ii yes, iesuits.										
☐ Yes ■ N	lo							Did this ☐ Yes			alt in a maternal death?	
							II.					
				Type of	Termin	nation Procedur	res					
Procedure that Tarmin	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
		•										
Medical (NonsurMedical (Nonsur	gical) Misoprostol					(Nonsur	gical) M	Iifepristone Iisoprostol			
☐ Medical (Nonsur	gical	Other (Specify)				☐ Medical	(Nonsur	gical) C	ther (Speci	fy)		
Medical (Surgica						_			on Curettag			
☐ Medical (Surgica		enstrual Aspiration ther (Specify)							strual Aspir (Specify)	ation		
For Medical (Surgical	l) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgical	1) proced	ures answ	er the following que	estion	
-	_	ave a post fertilization a					_	_		lization age at least		
Yes T			ige at least 20	WEEKS!			Yes		a post tern	mzation age at least	20 Weeks!	
If the previous question	on wa	is answered yes, comple	ete the followi	ng questions.		If the previou	s questio	on was a	nswered ye	s, complete the foll	owing questions.	
Was the fetus given	the b	est opportunity to survi	ve?			Was the fet	us given	the best	opportunit	y to survive?		
☐ Yes ☐] No						Yes	No				
		etermination that the prore to avert death or seri									man had a condition ment to the pregnant	
woman?	cedu	ie to avert death of seri	ous impairmer	it to the pregi	nant	woman?	u ine pre	cedure t	o avert dea	ui oi serious iiipaii	ment to the pregnant	
Date last normal men	ses b	egan		Physician 6	estimate	e of gestation (i	n weeks,)	Post fer	tilization age of the	e fetus (in weeks)	
However de la constitución		4/01/2016		1042		6				4		
How were the gestation	onal a	ige and post fertilization	age determin	ied?								
Full name of physicia	_	-										
DR. CAROL DELLIN		rming termination (num	nher and stree	t. city state	and zin	code)						
= -	_	DIANAPOLIS, IN 462		., <i>y</i> , mare, t	Lip	- 540/						
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-		

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	LEGE	City or town, of pregnancy termination County of pregnancy termin BLOOMINGTON MONROE					•					
	1		-			T						
Patient's age** 21	Marr	ied □ Yes ■ No	Date of pregn	nancy termir 05/19/2016		Educa	tion	F		ol Diploma or GED	1	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Unkn	nown		nic or Latino lispanic or Latino	☐ Unknown	
Live Births:		Number now living					Number			0	_	
Other Termination		Number of spontaneou					Number	r of indu	iced termin			
		not include this termin	0 ation. If more t	than six (6).	those me	ost recent.)				11		
1. 12/04/2014		2	3			4		_ 5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					Complica	ation(s) of Pregnanc	y Termination	
Yes I	No						e Perforation					
						☐ Hemorrhage ☐ Cervical Laceration						
Fetus viable?	No	If viable, medical	reason for term	nination:		☐ Infection ☐ Retained Products						
☐ Yes ■	NO											
									Other (Spec	ify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Ī	Did this	terminatio	n of pregnancy resu	It in a maternal death?	
								Yes				
Γ												
				Туре	of Termi	nation Procedu	res					
Procedure that Term	inated	Pregnancy				Additional P	rocedure tl	hat Terr	ninated Pr	egnancy		
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsurg	gical) M gical) M	lifepristone lisoprostol			
		Other (Specify)				☐ Medical	(Nonsurg	ical) O	ther (Speci	fy)		
Medical (Surgional Control Contro	cal) Su	uction Curettage				☐ Medical	(Surgical)) Suction	on Curettag			
☐ Medical (Surgio	cal) M	enstrual Aspiration				☐ Medical	(Surgical)) Mens	trual Aspir			
Medical (Surgio	cal) O	ther (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgical)	proced	ures, answe	er the following que	stion.	
Was the fetus viah	le or h	ave a post fertilization	age at least 20	weeks?		Was the fet	us viable o	or have	a post ferti	lization age at least	20 weeks?	
	■ No		age at least 20	weeks.			Yes		a post terti	inzation age at least	20 Weeks.	
If the previous quest	tion wa	s answered yes, comp	lete the following	ng question:	s.	If the previou	ıs questior	n was ar	iswered ye	s, complete the follo	wing questions.	
		est opportunity to surv					_		-	y to survive?		
was the fetus give		est opportunity to surv	140:				us given u Yes \square		opportunit;	y to survive:		
What was the basis	s for de	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis fo	or deteri	mination th	at the pregnant won	nan had a condition	
that required the pr		re to avert death or ser				that require					nent to the pregnant	
woman?						woman?						
<u> </u>						I.						
Date last normal me		-		Physician	estimat	e of gestation (in weeks)		Post fer	tilization age of the	fetus (in weeks)	
How was the		3/23/2016	m aga d-t- '	2049		8				6		
ULTRASOUND	иопаі а	ge and post fertilization	n age determin	ieu :								
22												
Full name of where:	ion no	forming tormination										
Full name of physici DR. CAROL DELLI	-	-										
Address of physician	n perfo	rming termination (nu	mber and stree	t, city, state,	, and zip	code)						
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225									
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	EGE	GE City or town, of pregnancy termination County of pregnancy termin MONROE					•					
Patient's age**	Ma	ried	Date of pregn	nancv termir	nation	Educ	ation							
29	Maı	Tied ■ Yes □ No		05/19/2016		Lauc	/11		Bach	elor's Degree				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	per of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termina		than six (6),	those mo	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination			
	NO				■ None ☐ Uterine Perfora									
Fetus viable?		If viable, medical	rassan for tarm	nination:	☐ Hemorrhage ☐ Cervical Laceration									
Yes I	No	ii viable, medical	reason for term	imation:					nfection	☐ Retain	ned Products			
								-	Other (Spec					
Pathological examin	otion	If yes, results:						' '	Julei (Spec	<i>(1)</i>				
performed?	ation	ii yes, iesuits:												
☐ Yes ■	No									on of pregnancy resu	lt in a maternal death?			
								☐ Ye	S 🛅 NO)				
				Type o	of Termin	f Termination Procedures								
Procedure that Term	inated	l Pregnancy			Additional Procedure that Terminated Pregnancy									
☐ Medical (Nonsu									//////////////////////////////////////					
☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec					
		(SF 11957)					((~ /	<i>357</i>				
		uction Curettage Ienstrual Aspiration				☐ Medica	(Surgic	cal) Sucti	on Curetta	ge ration				
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
For Medical (Surgice	al) nr	ocedures, answer the fol	llowing questic	n .		For Medical	(Surgice	al) proced	lurec anow	er the following que				
	_													
	le or h ■ No	have a post fertilization	age at least 20	weeks?			tus viabl Yes [a post fert	ilization age at least	20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	e.	If the previo	us auest	ion was a	nswered ve	es, complete the follo	owing questions			
				ng question	s.		_		-	_	owing questions.			
Was the fetus giver ☐ Yes [best opportunity to surv	ive?				tus givei Yes [opportunit	y to survive?				
What was the basis	ford	etermination that the pr	eagnant woman	had a cond	ition	What was	ha hacic	for data	mination th	hat the pregnant wor	nan had a condition			
that required the pr		ire to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
						<u> </u>								
Date last normal mer		•		Physician	estimate	e of gestation	in week.	s)	Post fe	rtilization age of the	fetus (in weeks)			
How word the		03/28/2016	n aga dat'			6				4				
ULTRASOUND	ional	age and post fertilizatio	n age determin	icu :										
Full name of physici	an ne	rforming termination												
DR. CAROL DELLI	_	-												
	-	orming termination (num		t, city, state,	, and zip	code)								
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		EGE City or town, of pregnancy termination County of pregnancy termination MONROE																			
Dations 2			D-4 C		_4:_	l mi	4:															
Patient's age**	Marrie [ed Yes No	Date of pregr	05/19/2016		Educa	tion			ollege, No De	gree											
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unknov	wn		nnic or Latino Hispanic or Lati	ino	Unknown										
Live Births:	N	Number now living	0				Number n	ow de	ceased	0												
Other Termination	s: N	Number of spontaneou		;			Number of	of indu	ced termi													
Dates of termination		ot include this termin	v	, ,		st recent.)																
Fetus delivered alive		If yes, length of ti			4	·		5	Complic	eation(s) of Pre	gnancy '	Termination										
Yes •		if yes, length of th	ine retus surviv	reu.				■ N	•			Perforation										
								_														
Fetus viable?		If viable, medical	reason for term	nination:																		
Yes • 1	No							∐ In	fection		Retaine	d Products										
						Other (Specify)																
Pathological examin performed?	ation	If yes, results:																				
☐ Yes ■	No										y result	in a maternal death?										
								Yes	■ No	0												
				Tr., 6	f Та '	otion D 1																
			1 ype of	ation Procedu																		
Procedure that Term	inated F	Pregnancy				Additional Pr	ocedure tha	at Tern	ninated Pr	regnancy												
Medical (Nonsu							(Nonsurgica															
Medical (Nonsu							(Nonsurgica															
Medical (Surgional Control Contro	cal) Suc	ction Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge												
	cal) Me	nstrual Aspiration					(Surgical) (ration												
- Wedlear (Surgic	our) our	ici (Specify)				Medical (Surgical) Other (Specify)																
For Medical (Surgic	al) proce	edures, answer the fo	llowing questic			For Medical (Surgical) procedures, answer the following question.																
			• .																			
	e or nav ■ No	ve a post fertilization	age at least 20	weeks?			us viable or Yes \[\] N		a post tert	ilization age at	least 20) weeks?										
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.		If the previou	is question v	was an	iswered ye	es, complete the	e follow	ing questions.										
	n the be	st opportunity to surv	vive?				us given the Yes \[\] N		opportunit	y to survive?												
What was the basis	s for det	ermination that the p	regnant woman	n had a condit	tion	What was th	he basis for	detern	nination t	hat the pregnan	t woma	n had a condition										
that required the programmer woman?	rocedure	e to avert death or ser	ious impairmer	nt to the pregi	nant	that require woman?	d the proced	dure to	avert dea	th or serious in	npairme	ent to the pregnant										
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,																
Date last normal me	neec har	7an		Physician	estimata	of gestation (i	in weeks)		Post fo	rtilization age o	of the fo	tus (in waake)										
Date last normal me	-	/19/2016		1 Hysiciail (commate	9	n weers)		1 OST IE	ranzation age (7	eus (m weeks)										
	ional ag	ge and post fertilization	on age determin	ned?					•													
ULTRASOUND																						
Full name of physici	an no-f	orming termination																				
DR. CAROL DELLI	NGER																					
Address of physician 200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		et, city, state, o	and zip (code)																
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):						_		Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPCS	SI) (MONROE CO.) - 42 7403	21 SOUTH COLLE	BLOOMINGTON MO					County of pregnancy termination MONROE		
D. C. A. Ann	1		D. C.		.:	l E :					
Patient's age** 26	Marrie [d Yes • No	Date of pregna	ancy termina 05/19/2016	ntion	Educa	tion			ciate Degree	
Race American Indian			Asian	=	or African Am	nerican		_		nic or Latino	
☐ Native Hawaiiar Live Births:		Pacific Islander umber now living	White	Other			Unl Numb	known er now de		ispanic or Latino Unknow	n
Other Termination	ns: N	umber of spontaneou	4 as terminations				Numb	er of indu	iced termin		
Dates of termination		t include this termin	2 ation. If more th	han six (6), th	hose most rec	ent.)				2	
1. 01/26/2016	2.	UNKNOWN	3. UNKN	NOWN	4UN	KNOWN	l ,	5		6	_
Fetus delivered aliv		If yes, length of ti	me fetus survive	ed:				_	•	ation(s) of Pregnancy Termination	
								■ N	lone	Uterine Perforation	
Fetus viable?		If viable, medical	reason for term	ination:				□ н	Iemorrhage	☐ Cervical Laceration	
☐ Yes ■	No							☐ Ir	nfection	☐ Retained Products	
									ther (Spec	fy)	
Pathological examing performed?	nation	If yes, results:									
☐ Yes ■	No									n of pregnancy result in a maternal d	eath?
								☐ Yes	■ No		
Type of Termination Procedures											
Proceedings 41-4 T	aineta l D	rognanovi		1 ype of				thet T-	ninetad D	ognonov	
Procedure that Term									ninated Pro		
Medical (NonsMedical (Nons	urgical)	Misoprostol				Medical	(Nonsur	rgical) M	lifepristone lisoprostol		
Medical (Nons	urgical) (Other (Specify)				Medical	(Nonsui	rgical) O	ther (Speci	fy)	
Medical (Surgi		ion Curettage astrual Aspiration							on Curettag trual Aspir		
Medical (Surgi									(Specify)	ation	
For Medical (Surgio	cal) proce	dures, answer the fo	llowing question	n.	For	Medical ((Surgica	l) proced	ures, answe	er the following question.	
	_	e a post fertilization	age at least 20 v	weeks?	W	_	_	_	a post ferti	lization age at least 20 weeks?	
	☐ No	omorromed via a commi	ata tha fallassin	na avections	Tf th	_	Yes _	_	sarramad via	a complete the following assertions	
If the previous ques				ig questions.		-	•		•	s, complete the following questions.	
Yes Yes		t opportunity to surv	ive?		· ·		Yes [opportunit	y to survive?	
		rmination that the pr			ion W	hat was tl	he basis	for determ	mination th	at the pregnant woman had a condition	on
that required the p woman?	rocedure	to avert death or ser	ious impairmen	t to the pregr		it require oman?	d the pro	ocedure to	avert dea	h or serious impairment to the pregna	ant
Date last normal me				Physician e	estimate of ge		in weeks	;)	Post fer	tilization age of the fetus (in weeks)	
How were the gesta		20/2016	n age determine	ed?		7				5	
ULTRASOUND	ugt	Post fortilization									
Full name of physic DR. CAROL DELL	INGER										
Address of physicia 200 S. MERIDIAN	_	-		, city, state, c	and zip code)						
**Date Reported	to DCS	if Patient under 1	4 (month day y	vear).							

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age**	Marr	ied □ Yes ■ No	Date of pregn	nancy termina	ation	Educa	tion	ŀ	High Scho	ol Diploma or 0	SED.	
Race American Indiana Native Hawaiian o		aska Native [☐ Asian ■ White		or Africa	an American	☐ Uni	known	Ethnicity Hispa			☐ Unknown
Live Births:	1	Number now living	2				Numb	er now d	eceased	0		
Other Terminations:	:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0		
Dates of terminations UNKNOWN	(Do r	not include this termina	tion. If more t	than six (6), t	hose mo	ost recent.)		5.		6		
Fetus delivered alive?	,	If yes, length of tin		/ed:					Complic	ation(s) of Pregn	ancy '	Termination
☐ Yes ■ N	o							■ N	None	☐ U	terine	Perforation
								□ I	Hemorrhage	e 🗆 Co	ervica	l Laceration
Fetus viable? Yes No.	Ō	If viable, medical r	eason for term	nination:				П	nfection	□ R	etaine	d Products
									Other (Spec	_		a 110 dae.
Pathological examinat	tion	If yes, results:							же (Брес	.(Jy)		
performed?		ii yes, results.										
☐ Yes ■ N	lo							Did this			result	in a maternal death?
	_			Type of	Termii	nation Procedur	res				_	
Procedure that Termin	nated	Pregnancy				Additional Pr		that Ter	minated Pr	egnancy		
☐ Medical (Nonsur									lifepriston			
☐ Medical (Nonsur	gical)	Misoprostol					(Nonsu	rgical) M	Iisoprostol			
Medical (Nonsur	gical)	Other (Specify)				☐ Medical	(Nonsu	rgical) C	ther (Speci	ify)		
Medical (Surgica		ction Curettage enstrual Aspiration							on Curettag			
Medical (Surgica									(Specify)	ation		
For Medical (Surgical	l) prod	cedures, answer the fol	lowing questic	on.		For Medical (Surgica	ıl) proced	ures, answ	er the following	questi	on.
Was the fetus viable	or ha	ave a post fertilization a	age at least 20	weeks?		Was the feti	us viable	e or have	a post fert	ilization age at le	east 20) weeks?
☐ Yes ■		•					Yes [1	C		
If the previous question	on wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the f	follow	ing questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes 🗀		opportunit	y to survive?		
		termination that the pro-										n had a condition
that required the pro woman?	cedui	re to avert death or serie	ous impairmer	nt to the preg	nant	that required woman?	d the pro	ocedure t	o avert dea	th or serious imp	airme	ent to the pregnant
Date last normal mens	ses he	egan		Physician 6	estimate	e of gestation (i	n weeks	;)	Post fer	rtilization age of	the fe	tus (in weeks)
03/31/2016 In his horizon and a segundar of general of the segundar of the s								,	. 550 101		4	(
How were the gestation	onal a	ge and post fertilization	n age determin	ned?								
OLIKASOUND												
Full name of physician	_	-										
DR. CAROL DELLIN		rming termination (nun	nher and stree	t city state	and zin	code)						
200 S. MERIDIAN S	_	-		., сиу, мис, (ани цр	couc _j						
**D	D.C.	C ich.										
""Date Reported to	DC.	S, if Patient under 14	(month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	EGE	GE City or town, of pregnancy termination County of pregnancy termination MONROE						•					
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	tion						
Patient's age** 20	Mar	ried ☐ Yes ■ No		o5/19/2016		Educa	uon	ļ	High Scho	ol Diploma or GEI			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	leceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ I	No						☐ Uteri	ne Perforation					
					☐ Hemorrhage ☐ Cervical Lacerati								
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				Пі	Infection	□ Retai	ned Products		
	.10									_	ned i roducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did thi	s termination	on of pregnancy resu	ılt in a maternal death?		
								☐ Ye)			
											1		
				Туре	of Termination Procedures								
Procedure that Term	inated	l Pregnancy				Additional Pr	ocedure	e that Ter	minated Pr	egnancy			
										•			
☐ Medical (Nonsu☐ Medical (Nonsu☐	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aifepriston Aisoprostol				
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)			
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	ion Curetta	ge			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgio	cal) (Other (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) proced	dures, answ	er the following que	estion.		
Was the fetus viable	le or h	have a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	e a post fert	ilization age at least	20 weeks?		
	■ No		age at least 20	weeks.			Yes [u post tert	inzution age at least	20 Weeks.		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus gives	n tha i	best opportunity to surv	iva?			Was the fet	ne oiver	the best	opportunit	y to survive?			
Was the fetus given			140:				us giver Yes [_	opportuiilt	y to saivive:			
What was the basis	for d	etermination that the pr	egnant woman	had a condi	ition	What was f	he basis	for deter	rmination th	hat the pregnant wo	nan had a condition		
that required the pr		ire to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
Date last normal mer		•		Physician	estimate	e of gestation (n weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)		
Hanna d		03/11/2016		- 49		9				7			
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ied /									
22110100014D													
Full name of al'	or =:	rforming taming ti											
DR. CAROL DELLI	_	rforming termination R											
Address of physician	n perfe	orming termination (num	mber and stree	t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, IN	NDIANAPOLIS, IN 46	225										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

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Patient's age**	3.5	. ,	Date of pregn	ancy termi-	nation	Educa	tion				1		
Patient's age**	Maı	ried ☐ Yes ■ No		nancy termin 05/19/2016		Educa	iliOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	■ Black □ Other	or Afric	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:			cation(s) of Pregnand	cy Termination					
☐ Yes ■ I	No					ne Perforation							
					☐ Hemorrhage ☐ Cervical Laceration								
Fetus viable?	No.	If viable, medical	reason for term	nination:					infection	— □ Potei	ned Products		
☐ Yes ■ I	NO										ned Products		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s terminatio	on of pregnancy resu	alt in a maternal death?		
								☐ Yes)			
											1		
				Туре	of Termination Procedures								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
										•			
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge.			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration			
Medical (Surgio	cal) (Other (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
Was the fetus viable	le or l	have a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?		
	■ No		age at reast 20	Weeks.			Yes [u post tere	mental age at least	20 Weeks.		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus gives	n tha	best opportunity to surv	iva?			Was the fet	ne giver	the best	opportunit	y to survive?			
Was the fetus given			140:				us giver Yes [_	opportunit	y to saivive:			
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was f	he basis	for deter	mination th	hat the pregnant wo	nan had a condition		
that required the pr		ire to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
Date last normal men		•		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)		
Uow won- 41 / ·		03/14/2016	n aga d-t- '			8				6			
How were the gestat ULTRASOUND	ional	age and post fertilization	u age determin	iea /									
Full name of physici	an r-	rforming tarmingtion									1		
DR. CAROL DELLI	_	rforming termination R											
Address of physician	n perf	orming termination (num	mber and stree	t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTON	OD (PPC		City or town, of pregnancy termination County of pregnancy termination MONROE					•				
D			D. C.			T	··					
Patient's age**	Marrie [ed Yes No	Date of pregr	05/19/2016		Educa	ation	F		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unkı	nown		/ anic or Latino Hispanic or Latino	Unknown	ı
Live Births:		umber now living	0				Number			0		
Other Termination	s: N	umber of spontaneou					Number	r of indu	iced termi			
Dates of termination			v			st recent.)				0		
I		If 14164:			4	l		_ 5	Complia	eation(s) of Preon	ancy Termination	-
Fetus delivered alive		If yes, length of ti	me ietus surviv	/ea:								
										_	erine Perforation	
Fetus viable?		If viable, medical	reason for term	nination:	Hemorrhage Cervical Laceration							
Yes I	No					☐ Infection ☐ Retained Products						
						☐ Other (Specify)						
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	termination	on of pregnancy r	esult in a maternal de	ath?
								☐ Yes	■ N	0		
Type of Termination Procedures												
Procedure that Term	inated P	regnancy				Additional Procedure that Terminated Pregnancy						
Medical (Nonsu									lifepriston			
Medical (Nonsu Medical (Nonsu									lisoprostol ther (<i>Spec</i>			
Medical (Surgional Control Contro	nal) Suc	tion Curattaga				☐ Medical	(Surgical	1) Suctiv	on Curetta			
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical	l) Mens	trual Aspi			
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)) proced	ures, answ	er the following	question.	
	le or hav No	e a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	tilization age at le	ast 20 weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.	١.	If the previou	us questio	n was aı	nswered ye	es, complete the f	ollowing questions.	
_ ~ -	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?		
	_	ermination that the p	regnant woman	n had a condit	tion	_	_		mination f	hat the pregnant v	voman had a condition	n
		to avert death or ser									airment to the pregnar	
woman:						woman:						
Data Is -t 1	maa- 1			Db: '	anti :	of ac-t	in accent		D C	mtilianti C	the fotos (in !)	
Date last normal men	_	an (11/2016		Pnysician (esumate	of gestation (ın weeks)		Post fe	_	the fetus (in weeks) 7	
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					l			
ULTRASOUND												
Γ = 4												
Full name of physici DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN S	-	-		t, city, state, o	and zip	code)						
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Addre PLANNED PARENTHOOD (F AVENUE, BLOOMINGTON, I	ess PPCS IN, 47	i) (MONROE CO.) - 42 403	1 SOUTH COLL	EGE City	y or town	, of pregna BLOOM	•			County of		ey termination
Patient's age** Ma	arried	i Yes • No		ancy terminatio	on	Educat	tion		Asso	ciate Degr	·ee	
Race American Indiana or Native Hawaiian or C	Alas Other	ka Native	Asian White	Black or A	African A	american		known er now de	Ethnicity Hispa Not H	nic or Latin	10	Unknown
Live Births:		imber of spontaneou	1 s terminations						iced termin	0		
Other Terminations:			1				Nullio	er or mac	icea terriiri	0		
Dates of terminations (Do UNKNOWN	0 noi 2.	t include this termina	ition. If more to	han six (6), tho.	se most ro 4.	ecent.)		5.			6.	
Fetus delivered alive? Yes No		If yes, length of tir		ed:				■ N	Complic	ation(s) of I	_	y Termination e Perforation
Fetus viable? ☐ Yes ■ No		If viable, medical 1	reason for term	nination:					Iemorrhage		_	eal Laceration led Products
									Other (Spec	ify)		
Pathological examination	n	If yes, results:										
performed? Yes No								Did this			ıncy resul	t in a maternal death?
	Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsurgic Medical (Nonsurgic Medical (Nonsurgic	al) N	Misoprostol			☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Men	strual Aspiration				Medical	(Surgic	al) Mens	on Curettag trual Aspir (Specify)			
For Medical (Surgical) p	roceo	dures, answer the fol	lowing questic	on.		r Medical (Surgica	ıl) proced	ures, answ	er the follow	wing ques	stion.
Was the fetus viable or ☐ Yes ☐ N		e a post fertilization	age at least 20	weeks?	v		us viabl Yes [a post ferti	lization age	e at least 2	20 weeks?
If the previous question v		inswered yes, compl	ete the followi	ng questions.	If t	_		_	nswered ye	s, complete	the follo	wing questions.
Was the fetus given the ☐ Yes ☐ N		opportunity to surv	ive?		v		us giver Yes [opportunit	y to survive	?	
What was the basis for that required the proceed woman?					nt tl							nan had a condition nent to the pregnant
D. L. L	,			I 70				`	I D . C		C .1	C
Date last normal menses	_	n 21/2016		Physician est	imate of	gestation (i	n weeks	S)	Post fer	tilization a	ge of the i	fetus (in weeks)
How were the gestationa ULTRASOUND	ıl age	and post fertilization	n age determin	ed?					1			
Full name of ali-i-	orf-	ming tomain-ti										
Full name of physician p	ER			a star a c	1 -: •	-1						
Address of physician per 200 S. MERIDIAN ST,		-		i, city, state, and	a zıp cod	e)						
**Date Reported to D	Date Reported to DCS, if Patient under 14 (month, day, year):											

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Facility Name and Ad PLANNED PARENTHOOD AVENUE, BLOOMINGTO	D (PP		1 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE								
Patient's age** 29	Marr	ied ■ Yes	Date of pregn	nancy termina 05/19/2016		Educa	tion		Asso	ciate Degree			
Race American Indiana Native Hawaiian o	r Oth	er Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown		
Live Births:]	Number now living	3				Numb	er now d	eceased	0			
Other Terminations:	: 1	Number of spontaneou	s terminations 0				Numb	er of ind	uced termir	nations 0			
Dates of terminations	(Do 1	ot include this termina	,	than six (6), t	those mo	ost recent.)							
I		2		1		4		5	Complic	ation(s) of Pregnance	ev Termination		
Fetus delivered alive? Yes No		If yes, length of tin	ne retus surviv	/ea:					None	_	•		
										_	ne Perforation		
Fetus viable?		If viable, medical r	eason for term	nination:				L] ł	Hemorrhage	e	cal Laceration		
☐ Yes ■ No	О					☐ Infection ☐ Retained Products							
									Other (Spec	ify)			
Pathological examinat performed?	ion	If yes, results:											
Yes N	О					Did this termination of pregnancy result in a maternal death?							
								☐ Yes	s 🔳 No)			
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsur									//////////////////////////////////////	e			
☐ Medical (Nonsurg									Aisoprostol Other (Speci	ify)			
	<i>G</i> ,	(-1 : 35)						8 ,	(-1	,,,			
	1) 0						· · ·	1) 0					
	1) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir				
☐ Medical (Surgical	1) Ot	her (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical) pro	cedures, answer the fol	lowing questic	on.		For Medical	(Surgica	ıl) procec	lures, answ	er the following que	estion.		
		ive a post fertilization a	age at least 20	weeks?		Was the fet	us viabl	e or have	a post ferti	ilization age at least	20 weeks?		
☐ Yes ■	No						Yes [No					
If the previous question	on wa	s answered yes, comple	ete the followi	ng questions		If the previou	ıs questi	ion was a	nswered ye	s, complete the foll	owing questions.		
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us given Yes [opportunit	y to survive?			
		termination that the pro	egnant women	n had a condi	tion	_	_	_	mination th	nat the pregnant wo	nan had a condition		
that required the pro-		e to avert death or serie				that require					ment to the pregnant		
woman?						woman?							
Date last normal mens		gan 3/25/2016		Physician	estimate	e of gestation (n weeks	<u> </u>	Post fer	rtilization age of the	fetus (in weeks)		
How were the gestation			n age determin	ned?						5			
ULTRASOUND													
Full name of physician DR. CAROL DELLIN	_	-											
		rming termination (num	nber and stree	t, city, state,	and zip	code)							
200 S. MERIDIAN S	T, IN	DIANAPOLIS, IN 462	225										
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):						-			

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy				EGE	BLOOMING I ON MONROE					•			
Patient's age**		. ,	Data of man	ancy tormi	nation	Educa	tion						
22	Maı	ried ■ Yes 🔲 No		05/19/2016		Educa	tion	ı	High Scho	ool Diploma or GED)		
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American		known	☐ Not F	anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	NO								None	☐ Uterir	ne Perforation		
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				Пі	nfection	□ Retair	ned Products		
	NO									_	ieu i roducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?		
								☐ Yes		0			
				Туре о	of Termin	nation Procedu	res						
Procedure that Term	inata	1 Dragnancy				Additional Pr	ocedur	that Tar	minated Dr	ragnancy.			
						•							
Medical (NonsuMedical (Nonsu									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
——————————————————————————————————————	1) 0	· · · · · · · · · · · · · · · · · · ·					/G :	1) 0	- C #				
		uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	al) Sucti al) Mens	on Curettaş strual Aspir	ge ration			
Medical (Surgio						☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	Surgica	al) proced	lures answ	er the following que	 stion		
								_					
	le or h	have a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at least	20 weeks?		
If the pravious quest	ion w	as answered yes, compl	ata tha fallowi	na quastion	o.	If the proviou	is anost	on was a	nervored ve	as asmulate the follo	wing questions		
ii the previous quest	ion w	as answered yes, compi	ete the follown	ng questions	S.	ii tile previot	is questi	ion was a	iiswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?			
	_					_	_	_					
		etermination that the properties of the properti								hat the pregnant won hth or serious impairr			
woman?	occu	are to avery dealer or ser	ouo impuiine.	n to use prog	5	woman?	a are pr	occurre .	o uvert dea	ur or serious impuni	nem to the pregnam		
Data leat magnet 1	100c 1	agan		Dhyni -! -	ontin	of gostati (in 1 1	~1	Doct f	rtilization and -f-1	fatus (in accades)		
Date last normal men		egan 03/22/2016		riiysician	estimate	e of gestation (a	n weeks	<i>(</i>)	Post Iei	rtilization age of the 5	icius (in weeks)		
How were the gestat													
ULRASOUND													
Full name of physici	an pe	rforming termination											
DR. CAROL DELLI													
	-	orming termination (num		t, city, state,	and zip	code)							
ZUU S. MEKIDIAN S	זו, וו	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	.EGE Cit	BLOOMING I ON MONRO								
Patient's age**	Marı	ried	Date of pregn	nancy terminati	ion	Educa	tion			
38	141411	■ Yes □ No		05/19/2016					ool Diploma or GED	
Race American Indiana Native Hawaiian	or Oth		Asian White	☐ Black or ☐ Other	Afric	an American	Unknown Number now	Not H	anic or Latino Hispanic or Latino Unknown	
Live Births:		Number of spontaneou	3				Number of in		0 nations	
Other Terminations	••		1				Number of in	uuceu terriiri	2	
1. 11/20/2014	S (Do 1	not include this termino 2. UNKNOWN	ition. If more t _{3.} UNKI		ose mo 	ost recent.) 4	5		6	
Fetus delivered alive		If yes, length of tir	ne fetus surviv	red:				Complic	eation(s) of Pregnancy Termination	
☐ Yes ■ N	No						■	None	☐ Uterine Perforation	
Fetus viable?		If viable, medical i	reason for term	nination:				Hemorrhage	e	
Yes • N	No	n viable, medicar i	cason for term	imation.				Infection	☐ Retained Products	
								Other (Spec	cify)	
Pathological examina	ation	If yes, results:								
performed?	No						Did th	is termination	on of pregnancy result in a maternal death?	
							☐ Y			
	Type of Termination Procedures Additional Procedure that Terminated Programmy									
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsu							(Nonsurgical)			
Medical (Nonsu Medical (Nonsu		Other (Specify)					(Nonsurgical) (Nonsurgical)			
☐ Medical (Surgic							(Surgical) Suc			
☐ Medical (Surgic ☐ Medical (Surgic		enstrual Aspiration ther (Specify)					(Surgical) Mer (Surgical) Oth		ration	
For Medical (Surgical	ıl) pro	cedures, answer the fol	lowing questic	on		For Medical ((Surgical) proce	dures answ	ver the following question	
` ` ` `	, I	ave a post fertilization	<i>U</i> 1		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?					
Yes [age at least 20	WCCR3:			Yes No	e a post tert	inization age at least 20 weeks:	
If the previous questi	on wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered ye	es, complete the following questions.	
		est opportunity to surv	ive?				us given the bes	st opportunit	y to survive?	
☐ Yes ☐	_					_	Yes No	,		
		etermination that the pr re to avert death or seri							hat the pregnant woman had a condition ath or serious impairment to the pregnant	
woman?						woman?				
Date last normal mer		egan 3/25/2016		Physician es	stimate	e of gestation (i	in weeks)	Post fe	rtilization age of the fetus (in weeks) 5	
How were the gestational age and post fertilization age determined?									<u> </u>	
ULTRASOUND	JLTRASOUND									
		0								
Full name of physicial DR. CAROL DELLII										
	-	rming termination (nur		t, city, state, ar	nd zip	code)				
ZUU S. MERIDIAN S	o I , IN	DIANAPOLIS, IN 462	<u></u>							
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy to					BLOOMINGTON MONROE					•			
Patient's age**		. ,	Data of neco-	anov tomi	ation	Educa	tion						
23	Maı	ried ☐ Yes ■ No		ancy termin 05/19/2016		Educa	ition	ļ	High Scho	ol Diploma or GED)		
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American		known	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6), i	those mo	ost recent.)	l			<u> </u>			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survivo	ed:					Complic	cation(s) of Pregnanc	y Termination		
	NO							• 1	None	☐ Uterir	ne Perforation		
Fetus viable?		If viable, medical	maasan fan tamm	inations				□ I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Yes I	No	ii viable, medicai	reason for term	imation:					nfection	☐ Retair	ned Products		
									Other (Spec	——————————————————————————————————————			
Pathological examin	otion	If yes, results:							Julei (Spec	uyy)			
performed?	ation	ii yes, iesuits.											
☐ Yes ■	No									on of pregnancy resu	lt in a maternal death?		
								☐ Ye	S 🛅 NO)			
				Type o	f Termii	nation Procedu	res						
Procedure that Term		Additional P	rocedure	e that Ter	minated Pr	regnancy							
☐ Medical (Nonsu					//////////////////////////////////////								
☐ Medical (Nonsu		l) Misoprostol l) Other (Specify)							Misoprostol Other (Speci				
		i) omer (speedy)					(1 (01150		outer (spee)	957			
						Medical (Surgical) Suction Curettage							
		uction Curettage Ienstrual Aspiration				☐ Medical	(Surgic	al) Sucti	on Curettag strual Aspir	ge ration			
Medical (Surgio									r (Specify)	ation			
For Medical (Surgice	al) pr	ocedures, answer the fo	llowing question	an .		For Medical	(Surgice	al) proced	lures answ	er the following que	stion		
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	le or h ■ No	have a post fertilization	age at least 20 v	weeks'?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion w	as answered yes, compl	lete the followir	ng questions	2	If the previou	is anesti	ion was a	nswered ve	es, complete the follo	wing questions		
				ng questions			_		-	_	wing questions.		
Was the fetus giver ☐ Yes [best opportunity to surv	rive?				us giver Yes 🏻 🖺	_	opportunit	y to survive?			
What was the basis	ford	etermination that the pr	eagnant woman	had a condi	ition	What was t	ha hacic	for data	mination th	hat the pregnant won	an had a condition		
that required the pr		ire to avert death or seri				that require				th or serious impairs			
woman?						woman?							
						<u> </u>							
Date last normal mer		-		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)		
How word the		INKNOWN	n aga data	ad?		13				11			
How were the gestational age and post fertilization age determined? ULTRASOUND													
Full name of physici	an ne	rforming termination											
DR. CAROL DELLI	_	-											
	-	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day, y	year):						_			

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Dationt's**			Doto of	noncy t	notion	17:1	ntion					
Patient's age** 16	Marrie [d Yes No	Date of pregr	05/19/2016		Educa	ation			th, No Diploma	l	
Race American Indian Native Hawaiian	or Other	r Pacific Islander	☐ Asian ☐ White	☐ Black o	or Africa	nn American	☐ Unl	known		y anic or Latino Hispanic or Latin	.0	Unknown
Live Births:	N	umber now living	0				Numb	er now d	eceased	0		
Other Termination	s: N	umber of spontaneou	us terminations	3			Numb	er of ind	uced termi	nations 0		
Dates of termination			v			ost recent.)	II.					
Fetus delivered alive		If yes, length of ti			4	1		5	Complia	cation(s) of Pregr	nancy	Termination
Yes Yes		ii yes, lengtii oi ti	ine retus sur viv	vea.				1	None	Пи	terine	Perforation
								_	Hemorrhag	_		Laceration
Fetus viable?		If viable, medical	reason for tern	nination:						_		
Yes • 1	No							∐ I	nfection	∐ R	etaineo	l Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result i	n a maternal death?
								☐ Yes	s 🔳 N	0		
				Tr	.f.T '	otion D. 1						
				or rermin	nation Procedu							
Procedure that Term		Additional P	rocedure	that Ter	minated P	regnancy						
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprosto			
Medical (Nonsu									Other (Spec			
Medical (Surgio	cal) Suc	tion Curettage				Medical (Surgical) Suction Curettage						
	cal) Mer	strual Aspiration				■ Medical	l (Surgica	al) Mens	strual Aspi			
- Wedlear (Surgic	our, our	or (specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proce	dures answer the fo	llowing question			For Medical	(Surgica	1) proced	hirec ancu	ver the following	questi	on
			• .			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
	No No	e a post fertilization	age at least 20	weeks?			Yes [a post ter	nnzation age at i	east 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previous	us questi	on was a	nswered y	es, complete the	follow	ing questions.
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?		
	_	ermination that the p	regnant women	n had a condi	ition	_	_	_	mination t	hat the pregnant	wome.	n had a condition
that required the pr		to avert death or ser				that require						nt to the pregnant
woman?						woman?						
				I no -					T			
Date last normal me	_	an 22/2016		Physician	estimate	of gestation (in weeks)	Post fe	ertilization age of	the fe	tus (in weeks)
How were the gestat					1							
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	_										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
		· · · · · · · · · · · · · · · · · · ·										
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOL AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 421	.EGE Cit	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE																	
Patient's age**		. ,	Date of proces	nancy terminati	ion	Educat	tion														
20	Mai	ried Yes No		05/12/2016	IOII	Educal	IIVII			ollege, No De	gree										
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknow	vn_		y anic or Latino Hispanic or Lat	tino	Unknown									
Live Births:		Number now living	0				Number no	w de	eceased	0	_										
Other Termination	ıs:	Number of spontaneous	terminations 0				Number of	indu	ced termi	nations 0											
Dates of termination	is (Do	not include this terminat				ost recent.)				-											
Fetus delivered alive		If yes, length of tim		ad.		4		5	Compli	cation(s) of Pre	egnancy	7 Termination									
Yes Yes		if yes, length of this	ie ietus sui viv	reu.				ı N	•	_		e Perforation									
									emorrhag	_		al Laceration									
Fetus viable?	N _C	If viable, medical re	eason for term	nination:	_				_	_		ed Products									
☐ Yes ■ 1	110								nfection	_	Ketain	eu Fioducis									
Pathological examin	nation	If yes, results:) 0	ther (Spe	cify)											
performed?		ii yes, iesuits:																			
☐ Yes ■	No							this Yes			y resul	t in a maternal death?									
				Type of T	<u>Γermi</u> i	nation Procedur	es														
Procedure that Term	ninated	l Pregnancy				Additional Pr	ocedure that	Terr	ninated P	regnancy											
Medical (Nonsu							(Nonsurgical														
Medical (Nonsu	ırgica) Misoprostol					(Nonsurgical	1) M	isoprosto	1											
	ırgıca	Other (Specify)				iviedical	(Nonsurgical	1) ()	uier (<i>Spec</i>	:yy)											
☐ Medical (Surgio	cal) N	uction Curettage Ienstrual Aspiration				☐ Medical	(Surgical) S (Surgical) M	/lens	trual Aspi	ration											
Medical (Surgio						☐ Medical (Surgical) Other (Specify)															
For Medical (Surgic	al) pro	ocedures, answer the follo	owing question	on.		For Medical (Surgical) procedures, answer the following question.															
Was the fetus viab		ave a post fertilization a	ge at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No															
		as answered yes, comple	te the follow:	ng questions		_	_		ngwarad v	es complete th	ne follo	wing questions.									
				п <u>g</u> questions.			_		-	_	ic 10110/	wing questions.									
	n the	pest opportunity to surviv	ve!				is given the l		opportuni	ty to survive?											
		etermination that the pre										an had a condition									
that required the pro- woman?	rocedı	are to avert death or serio	ous impairmer	nt to the pregna	ant	that required woman?	d the procedu	are to	avert de	ath or serious in	mpairm	nent to the pregnant									
Date last normal me	nses b	egan		Physician es	timate	e of gestation (i	n weeks)		Post fe	ertilization age	of the f	fetus (in weeks)									
II a		03/31/2016	4	-		6					4										
How were the gestat ULTRASOUND	tional	age and post fertilization	age determin	ied?																	
Full name of physici																					
		orming termination (num	ber and stree	t, city, state, ar	nd zip	code)															
	-	NDIANAPOLIS, IN 462																			
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):								Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					BLOOMINGTON MONROE					•		
	Ī					T						
Patient's age** 22	Marrie [ed Yes • No	Date of pregr	05/12/2016		Educa	ation	ŀ		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	an American	☐ Unk	anown		/ anic or Latino Hispanic or Latino	Unknown	
Live Births:	N	umber now living	0				Numbe	er now d		0		
Other Termination	s: N	umber of spontaneou		3			Numbe	er of ind	uced termi			
Dates of termination			v			ost recent.)				0		
Fetus delivered alive		If yes, length of ti				1		5	Complia	cation(s) of Pregna	ancy Termination	
Yes I		ii yes, leligili oi ti	ille fetus surviv	veu.				■ N		_	erine Perforation	
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag		rvical Laceration	
Yes •	No							☐ I	nfection	☐ Re	tained Products	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s termination	on of pregnancy re	esult in a maternal death?	
								☐ Yes	s I N	0		
	Туре о											
	f Termin	nation Procedu	res									
Procedure that Term		Additional P	rocedure	that Ter	minated Pr	regnancy						
	☐ Medical (Nonsurgical) Mifepristone								lifepriston			
Medical (Nonsu									lisoprostol other (Spec			
Madical (Sympic	nal) Cua	tion Cumattage				Medical (Surgical) Suction Curettage						
	cal) Me	nstrual Aspiration				☐ Medical	(Surgica	l) Mens	strual Aspi			
Medical (Surgio	cal) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) proced	lures, answ	er the following of	question.	
	le or hav	ve a post fertilization	age at least 20	weeks?			us viable Yes 🔲		a post fert	tilization age at lea	ast 20 weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previous	us questic	on was a	nswered ye	es, complete the fo	ollowing questions.	
	n the bea	st opportunity to surv	vive?					the best	opportuni	ty to survive?		
	_	ermination that the p	reanant women	n had a condit	tion	_		•	mination f	hat the prognant	voman had a condition	
that required the pr		to avert death or ser				that require					airment to the pregnant	
woman?						woman?						
Date last normal me	_	an /24/2016		Physician	estimate	of gestation (in weeks))	Post fe	_	the fetus (in weeks)	
How were the gestat			on age determin	ned?		'					<u>~</u>	
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
	,	,										
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	 year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy ter				EGE	BLOOMING I ON MONROE					•			
Detient' **			Date -f	omor-+: *	mati	F-1	tion						
25		d Yes ■ No		ancy termi 05/12/201		Educa	uon		chelor's Degree				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	Un		ty panic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Νι	ımber now living	0				Numb	per now deceased	0				
Other Termination	s: Nu	ımber of spontaneou					Numb	per of induced term					
Dates of termination _{1.} 08/10/2012	s (Do not	t include this termin	-	han six (6),	, those m	ost recent.)		5	6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				Compl	ication(s) of Pregna	ncy Termination			
☐ Yes ■ I	No							■ None	☐ Ute	rine Perforation			
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorrha	ge 🗌 Cer	vical Laceration			
Yes I	No	n viaole, medicar	reason for term	mation.				☐ Infection	Ret	ained Products			
								Other (Sp.	ecify)				
Pathological examin	ation	If yes, results:											
performed?	No							Did this terminal	tion of pregnancy re	sult in a maternal death?			
	110							Yes I		suit iii a maternai deaur:			
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inated Pr	egnancy				Additional Pr	ocedure	e that Terminated l	Pregnancy				
Medical (Nonsu								rgical) Mifepristo	ne				
Medical (NonsuMedical (Nonsu	ırgical) N	Misoprostol					(Nonsu	argical) Misoprost argical) Other (Spe	ol				
	ingicui) (other (speegy)				Micarcan	(1 tolisu	ingreuit) Other (ope					
	1) 6						· ·	1) 0 1 0					
	cal) Men	strual Aspiration				☐ Medical	(Surgic	eal) Suction Curetteal) Menstrual Asp	oiration				
☐ Medical (Surgio	cal) Othe	er (Specify)				☐ Medical	(Surgic	cal) Other (Specify)				
For Medical (Surgical	al) proced	dures, answer the fo	llowing questio	n.		For Medical	Surgica	al) procedures, ans	wer the following qu	uestion.			
Was the fetus viable Yes	_	e a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion was a	nnswered yes, comp	lete the following	ng question	ıs.	If the previou	s questi	ion was answered	yes, complete the fo	llowing questions.			
Was the fetus given ☐ Yes [t opportunity to surv	vive?				us giver Yes [n the best opportur No	ity to survive?				
		rmination that the pr								oman had a condition			
that required the pr woman?	rocedure	to avert death or ser	ious impairmen	t to the pre	egnant	that require woman?	d the pr	ocedure to avert de	eath or serious impa	irment to the pregnant			
Date last normal men	ncec hara	ın		Physicia	n estimat	e of gestation (i	n wool-	g) Post	fertilization age of th	ne fetus (in waaks)			
Date last normal mer	_	19/2016		1 Hysiciai	ii estiinau	6	n week.	1 051	terunzation age of the	· · · · · · · · · · · · · · · · · · ·			
How were the gestat	ed?				1								
ULTRASOUND													
Full name of -1'	ion marf-	ming tamin-ti											
Full name of physici DR. CAROL DELLI	-	ming termination											
Address of physician	-	-		t, city, state	e, and zip	code)							
200 S. MERIDIAN S	ST, INDI	ANAPOLIS, IN 46	225										
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy					BLOOMINGTON MONROE					*		
Patient's age**		., 1	Date of proces	ancy termin	nation	Educa	tion				-	
Patient's age** 21	Mar	ried □ Yes ■ No		nancy termin 05/11/2016		Educa	iliOII		Some Co	ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termina	ation. If more t	than six (6),	those me	ost recent.)				0		
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination	
☐ Yes ■ I	No					■ None ☐ Uterine Perforation						
								П	Hemorrhage	e 🔲 Cervi	cal Laceration	
Fetus viable?	N _O	If viable, medical	reason for term	nination:					infection	□ Patai	ned Products	
☐ Yes ■ I	NO										ned Products	
									Other (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s terminatio	on of pregnancy resu	lt in a maternal death?	
								☐ Yes)		
							1					
				Туре о	of Termin	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
										•		
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol			
		l) Other (Specify)							Other (Speci			
Madical (Symple	1) 6	votion Cumattaga				— Madiaal	(Cumaia	al) Cuati	on Curettag			
☐ Medical (Surgio	al) N	uction Curettage Ienstrual Aspiration				Medical	(Surgic	al) Sucu	on Curettaş strual Aspir	ge ration		
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.	
						Was the fetus viable or have a post fertilization age at least 20 weeks?						
	e or r ■ No	have a post fertilization	age at least 20	weeks?			us viabi Yes [_	a post tert	ilization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	lete the followi	ng questions	c	If the previou	ıs anesti	ion was a	nswered ve	es, complete the follo	owing questions	
				ng question	·	•	•		•	•	owing questions.	
Was the fetus giver ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes 🏻	_	opportunit	y to survive?		
	_		roanent	hod a - "	ition	_		_	minat!- ·1	hat the mea	non had a so	
		etermination that the properties of the properti								hat the pregnant wor th or serious impair	ment to the pregnant	
woman?						woman?						
Date last normal men	ises h	egan		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)	
		02/17/2016		-, -,		12		,		10		
How were the gestat					•							
ULTRASOUND												
	-	rforming termination					_	_	_			
DR. CAROL DELLI			mbor and atus	t aits atat:	and =:-	coda)						
	-	orming termination (num		ı, cııy, state,	ина zip	coue)						
	,	2,										
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy				.EGE	BLOOMINGTON MONROE					•			
Patient's age**		. ,	Date of proces	ancy termi-	nation	Educa	ntion						
Patient's age** 28	Mai	ried ■ Yes 🗌 No		nancy termii 05/05/2016		Educa	uiOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	leceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation		
								I	Hemorrhag	e 🔲 Cervi	ical Laceration		
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				Пі	Infection	□ Retai	ned Products		
	.10										ned I roducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?		
								☐ Ye	s 🔳 No)			
				Туре	of Termi	nation Procedu	res						
Procedure that Term		Additional P	rocedure	e that Ter	minated Pr	regnancy							
Medical (Nonsu					//////////////////////////////////////	•							
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprostol				
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)			
Medical (Surgio	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	ion Curetta	ge			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration			
☐ Medical (Surgio	cai) (nner (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	dures, answ	er the following que	estion.		
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
	□ N						Yes [F				
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previou	us questi	ion was a	nswered ye	es, complete the follow	owing questions.		
Was the fetus gives	n the	best opportunity to surv	ive?			Was the fet	ne giver	n the hest	opportunit	y to survive?			
Yes [140.				Yes [_	оррогини	y to survive.			
What was the basis	for c	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	rmination tl	hat the pregnant wo	nan had a condition		
that required the pr		are to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
						1							
Date last normal men		•		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)		
How were the '		03/12/2016	n ago doto'	pad?		8				6			
How were the gestational age and post fertilization age determined? ULTRASOUND													
Full name of physici	an ro	rforming tarmingtion									1		
DR. CAROL DELLI	_	rforming termination R											
Address of physician	n perf	orming termination (num	mber and stree	t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy					BLOOMINGTON MONROE					•		
Patient's age**	1.7	wind	Date of precen	ancy termin	nation	Educa	ntion					
26	Mai	ried Yes No		05/05/2016		Educa	OII		Bach	nelor's Degree		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 2		
Dates of termination 1. 04/2015	s (Do	not include this termina 2. 12/2015	ation. If more to	han six (6),		ost recent.)	1	5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:		Complication(s) of Pregnancy Terminati						
☐ Yes ■ I	No					■ None ☐ Uterine Perforation						
								□ I	Hemorrhag	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:					nfection		ned Products	
	NO										ned Floducts	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										lt in a maternal death?	
								☐ Yes	s 🔳 No	0		
				Туре	of Termii	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy		
☐ Medical (Nonsu	ırgica	Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e		
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol			
Medical (Nonsu	ırgıca	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Spec	ify)		
		uction Curettage							on Curetta			
☐ Medical (Surgion Dedical (Surgion Ded		Instrual Aspiration Other (Specify)							strual Aspii r (Specify)	ration		
_	,	1 337										
For Medical (Surgical	al) pro	ocedures, answer the following	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.	
	le or l	nave a post fertilization	age at least 20	weeks?			tus viabl Yes [_	a post fert	ilization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previous	us questi	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				tus giver Yes [_	opportunit	ty to survive?		
What was the basis	s for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wor	nan had a condition	
that required the pr		ire to avert death or seri				that require					ment to the pregnant	
woman?						woman?						
<u> </u>												
Date last normal men		•		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)	
How were the costat		03/23/2016 age and post fertilization	n aga datarmin	l ped?		7				5		
ULTRASOUND	ional	age and post retunzano	n age uciemin	icu :								
Full name of physici DR. CAROL DELLI	_	rforming termination										
	-	orming termination (num		t, city, state,	, and zip	code)						
200 S. MERIDIAN S	sΤ, II	NDIANAPOLIS, IN 46	225									
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy ter					City or t	town, of pregna			County of pregnan	cy termination ONROE		
To all all all all all all all all all al	1					1						
Patient's age**	Married _	Yes No		ancy terminos/05/05/2010		Educa	tion		2th, No Diploma			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un		y anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	Nu	imber now living	0				Numb	per now deceased	0			
Other Termination	ns: Nu	imber of spontaneou					Numb	per of induced termi				
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	those me	ost recent.)		5	6			
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Compli	cation(s) of Pregnand	cy Termination		
	NO							■ None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorrhag	_	cal Laceration		
Yes •	No							☐ Infection	_	ned Products		
Pathological examin	ation	If yes, results:						Other (Spe	cify)			
performed?		•						Did this terminati	on of pregnancy resi	alt in a maternal death?		
	110							Yes N		iit iii a maternai deaur:		
					a=							
				Туре	of Termi	Termination Procedures Additional Procedure that Terminated Pregnancy						
Procedure that Term	•											
Medical (Nonsu Medical (Nonsu Medical (Nonsu	Misoprostol				☐ Medical	(Nonsu	rgical) Mifepristor rgical) Misoprosto rgical) Other (Spec	1				
Medical (Surgion Medical (Surgio	cal) Mens	strual Aspiration				☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspi al) Other (Specify)	iration			
For Medical (Surgic	al) proced	lures answer the fo	llowing question	n		For Medical	Survice	al) procedures answ	ver the following que	estion		
Was the fetus viab	le or have	a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No						
Yes [If the previous quest		nswered ves compl	lete the followin	ng question	ne	_			es, complete the follo	owing questions		
	n the best	opportunity to surv		ig question	13.	Was the fet	•	the best opportuni	•	owing questions.		
What was the basis	s for deter	rmination that the pr to avert death or ser				What was the	ne basis	for determination t	that the pregnant wor ath or serious impair	nan had a condition ment to the pregnant		
Date last normal me	_	n 28/2016		Physician	n estimate	e of gestation (i	n weeks	Post fe	ertilization age of the	fetus (in weeks)		
How were the gestat	n age determine	ed?										
Full name of physici DR. CAROL DELLI	_	ming termination										
Address of physician 200 S. MERIDIAN	_	-		, city, state	, and zip	code)						
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy					BLOOMINGTON					ncy termination ONROE	
Patient's age**		. ,	Date of secon	ancy termin	nation	Educa	ution				1	
33	Maı	ried ☐ Yes ■ No		o5/05/2016		Educa	iiiOII		Asso	ociate Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination 1. 01/03/2008	s (Do	not include this termina	•	han six (6),		ost recent.)		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination	
☐ Yes ■ I	No							■ 1	None	☐ Uter	ine Perforation	
								□ I	Hemorrhag	e 🔲 Cerv	ical Laceration	
Fetus viable? Yes I	Vo.	If viable, medical	reason for term	nination:				Пі	nfection	□ Reta	ined Products	
	. 10										incu i roducis	
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										ult in a maternal death?	
								☐ Yes	s 🔳 No	0		
				Type o	of Termin	nation Procedu	res					
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
■ Medical (Nonsu									/lifepriston			
Medical (Nonsu		l) Misoprostol l) Other (Specify)							Aisoprostol Other (Spec			
	0	(-1-33)				_		8 ,	(-7	337		
		uction Curettage Ienstrual Aspiration							on Curettag strual Aspin			
Medical (Surgio									r (Specify)			
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.	
	_	nave a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
			age at least 20	weeks:			Yes [a post tert	ilization age at leas	1 20 weeks:	
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fol	owing questions.	
Was the fetus give	n the	best opportunity to surv	ive?			Was the fet	us oiver	the best	opportunit	ty to survive?		
Yes [110.				Yes [_	оррогили	y to survive.		
		etermination that the pr									man had a condition	
that required the pr woman?	ocedi	ire to avert death or seri	ious impairmen	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	rment to the pregnant	
Delle				DI · ·		<u> </u>		`	B . C	.'1' .' 0:	6	
Date last normal men		egan 01/03/2008		Pnysician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e ietus (<i>in weeks)</i>	
How were the gestat	ied?				1							
ULTRASOUND	LTRASOUND											
DR. CAROL DELLI	NGE											
	-	orming termination (num		t, city, state,	, and zip	code)						
200 G. MERIDIAN	۰, ۱۱	.5.5.5.5.6.5.6.6.6.6.6.6.6.6.6.6.6.6.6.										
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PI	PCSI) (MONROE CO.) - 421	.EGE Ci	City or town, of pregnancy termination Cour BLOOMINGTON					County of pregnancy termination MONROE			
Patient's age**	3.5	., -	Date of prece	nancy terminati	ion	Educat	tion					
29	Mar	ried Yes No		05/05/2016	IOII	Educal	OII	H	-	ool Diploma c	or GED	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknow		☐ Not 1	y anic or Latino Hispanic or La		Unknown
Live Births:		Number now living	0				Number no	w de	ceased	0		
Other Termination	ıs:	Number of spontaneous	terminations 0				Number of	indu	ced termi	inations 0		
Dates of termination	is (Do	not include this termina				ost recent.)						
Fetus delivered alive		If yes, length of tim		and:		4	:	5	Compli	cation(s) of Pro	egnancy	7 Termination
Yes I		if yes, length of this	ie ietus surviv	reu.				N	•	Π		e Perforation
								_	emorrhag	ге П		al Laceration
Fetus viable?	N.o.	If viable, medical re	eason for term	nination:								
☐ Yes ■ I	NO								fection		Ketain	ed Products
Pothological	otio-	If you may 14-) ()	ther (Spe	cify)		
Pathological examin performed?		If yes, results:										
☐ Yes ■	No							this Yes			cy resul	t in a maternal death?
				Type of T	Termi	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregna Medical (Nonsurgical) Mifepristone												
Medical (Nonsu	ırgica) Misoprostol				☐ Medical	(Nonsurgical	í) M	isoprosto	1		
Medical (Nonsu	ırgıca) Other (Specify)				Medical	(Nonsurgical	ı) O	mer (Spec	ufy)		
		uction Curettage Ienstrual Aspiration					(Surgical) Su (Surgical) M					
Medical (Surgio						Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) pro	ocedures, answer the foll	owing question	on.		For Medical (Surgical) procedures, answer the following question.						
Was the fetus viable Yes		ave a post fertilization a	ge at least 20	weeks?			us viable or h		a post fer	tilization age a	at least 2	20 weeks?
		as answered yes, comple	te the follow:	ng guestions		_	_		iswered v	es complete t	he follo	wing questions.
				ng questions.			-			_	uc 10110	wing questions.
	n the l	pest opportunity to survi	ve?				us given the b Yes \text{No}		opportuni	ty to survive?		
		etermination that the pre										an had a condition
that required the pr woman?	rocedı	ire to avert death or serio	ous impairmer	nt to the pregna	ant	that required woman?	d the procedu	ire to	avert de	ath or serious i	impairn	nent to the pregnant
Date last normal men	nses b	egan		Physician es	timate	e of gestation (i	n weeks)		Post fe	ertilization age	of the	fetus (in weeks)
	C	3/09/2016				6					4	·
How were the gestat ULTRASOUND	low were the gestational age and post fertilization age determined?											
221101000110												
Full name of physici												
		≺ orming termination (num	ber and stree	t, city, state, ar	nd zip	code)						
	-	IDIANAPOLIS, IN 462		· · · · · · · · · · · · · · · · · · ·	- r							
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 42°	I FGE I					County of pregna	ncy termination ONROE		
Patient's age**	3.6	.:_a T	Date of pregr	nancy terminati	ion	Educat	tion				,
23	Mai	ried ☐ Yes ■ No		05/05/2016	ion	Educa	iioii		9th-12	2th, No Diploma	
Race American Indian Native Hawaiian		-	☐ Asian ■ White	☐ Black or ☐ Other	Africa	an American	Unkno	own		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2				Number	now de	eceased	0	
Other Termination	ıs:	Number of spontaneous	s terminations 0				Number	of indu	iced termi	nations 0	
Dates of termination	ns (Do	not include this termina	*			ost recent.)					
Fetus delivered alive	a?	If yes, length of tim		red:		4		5	Complia	cation(s) of Pregnar	ncy Termination
Yes Yes		in yes, length of the	ic retas sur viv	cu.				■ N	lone	☐ Uter	rine Perforation
								_	Iemorrhag	_	vical Laceration
Fetus viable? Yes	No	If viable, medical re	eason for tern	nination:					nfection	_	nined Products
	110										anica i roducts
Pathological examin	nation	If yes, results:							other (Spec	cijy)	
performed?		ii yes, results.					_				
☐ Yes ■	No						D	Did this ☐ Yes			sult in a maternal death?
							•				
				Type of T	Гегтіг	nation Procedur	es				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsurgical) Mifepristone Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone											
Medical (Nonsu	urgica					■ Medical	(Nonsurgi (Nonsurgi	ical) M	lisoprosto	1	
iviedicai (Ivolist	urgica) Other (<i>specify</i>)				Wiedicai	(1volisuigi	icai) O	ther (spec	.(Jy)	
								~ .			
☐ Medical (Surgio	cal) N	uction Curettage Ienstrual Aspiration				Medical	(Surgical) (Surgical)	Mens	trual Aspi	ration	
Medical (Surgio	cal) C	ther (Specify)				☐ Medical	(Surgical)	Other	(Specify)		
For Medical (Surgic	al) pro	ocedures, answer the foll	owing question	on.		For Medical (Surgical) p	proced	ures, answ	ver the following qu	nestion.
Was the fetus viab ☐ Yes [ave a post fertilization a	ige at least 20	weeks?			as viable o		a post fer	tilization age at leas	st 20 weeks?
		as answered yes, comple	ete the followi	na auestions		_	_		ocwered v	es, complete the fol	lowing questions
				ng questions.		_	_			-	nowing questions.
	n the No	pest opportunity to survi	ve?				is given in les \square I		opportuni	ty to survive?	
		etermination that the pre									oman had a condition
that required the programmer woman?	rocedı	re to avert death or serio	ous impairmei	nt to the pregna	ant	that required woman?	d the proce	edure to	avert dea	ath or serious impai	rment to the pregnant
Date last normal me	nses b	egan		Physician es	timate	e of gestation (i	n weeks)		Post fe	ertilization age of th	ue fetus (in weeks)
	(2/29/2016		-		9				7	
How were the gestat ULTRASOUND	ow were the gestational age and post fertilization age determined? TRASOLIND										
Full name of physici											
DR. CAROL DELLI		orming termination (num	ther and stuce	t city stata ~-	nd zin	code)					
	-	IDIANAPOLIS, IN 462		ı, спу, <i>ѕ</i> іше, ағ	ш ұр	coue j					
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	PP(1 SOUTH COLL	EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE							
Patient's age** 23	Marr	ied □ Yes ■ No	Date of pregn	nancy termina 05/05/2016		Educa	tion		Bach	elor's Degree		
Race American Indiana o Native Hawaiian o	r Oth	er Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	☐ Not H	nic or Latino lispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Terminations:]	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0		
Dates of terminations	(Do r		3	than six (6), t	hose me	ost recent.)						
I		2		1		4		5	Complic	ation(s) of Pregnan	cy Termination	
Fetus delivered alive? Yes • No)	If yes, length of tin	ne tetus surviv	ed:					None	_		
								_			ne Perforation	
Fetus viable?		If viable, medical r	eason for term	nination:				∐ ŀ	Hemorrhage	e ∐ Cerv	ical Laceration	
☐ Yes ■ No)							□ I	nfection	Reta	ined Products	
									Other (Spec	ify)		
Pathological examination performed?	ion	If yes, results:										
Yes No	0							Did this	terminatio	n of pregnancy res	alt in a maternal death?	
								☐ Yes	s ■ No)		
	Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Mifepristone												
☐ Medical (Nonsurg									Iisoprostol ther (<i>Speci</i>	fv)		
	,,	(-1						6 /	· · · (,,,,		
							· ·	1) 0				
) M	enstrual Aspiration				☐ Medical	(Surgical	al) Mens	on Curettag strual Aspir			
☐ Medical (Surgical) Ot	her (Specify)				☐ Medical	(Surgical	al) Other	(Specify)			
For Medical (Surgical)) prod	cedures, answer the following	lowing questic	on.		For Medical	Surgica	l) proced	ures, answ	er the following qu	estion.	
		ve a post fertilization a	ige at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ■	No						Yes [No				
If the previous question	n wa	s answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	s, complete the foll	owing questions.	
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us given Yes [opportunit	y to survive?		
		termination that the pro	eanant woman	had a condit	tion	What was th	ne hacis	for deter	mination th	at the pregnant wo	man had a condition	
that required the prod		e to avert death or serie				that require					ment to the pregnant	
woman?						woman?						
Date last normal mens		~		Physician 6	estimate	e of gestation (i	n weeks	:)	Post fer	tilization age of the	e fetus (in weeks)	
How were the gestation		8/20/2016 ge and post fertilization	n age determin	l ned?		6				4		
ULTRASOUND												
Full name of physician DR. CAROL DELLIN	_	-										
Address of physician p			nber and street	t, city, state, c	and zip	code)						
200 S. MERIDIAN ST		-										
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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PLANNÉD PARENTHO	Facility Name and Address _ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE /ENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy					BLOOMING I ON MONI					ncy termination ONROE		
Patient's age**			Date of mac-	nanov tomo:	nation	E4n	tion				1		
21	Mai	ried ☐ Yes ■ No		05/05/2016		Educa	ition	ļ	High Scho	ol Diploma or GE	D		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	leceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)				<u> </u>			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
☐ Fes ■ I	NO							• 1	None	☐ Uteri	ne Perforation		
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	Vο	If viable, medical	reason for term	nination:				Пі	Infection	☐ Retai	ined Products		
	.10									_	med Froducts		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did thi	s termination	on of pregnancy res	ult in a maternal death?		
								☐ Ye	s 🔳 No	0			
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy			
		•								•			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)			
Medical (Surgic	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	ion Curetta	ge.			
☐ Medical (Surgion)	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration			
Medical (Surgio	cal) (Other (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	dures, answ	er the following que	estion.		
Was the fetus viab	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
] N		ago at least 20	weeks.			Yes [_	u post tert	inzation age at least	20 Weeks.		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	inswered ye	es, complete the foll	owing questions.		
						_	_		-	-			
Was the letus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
What was the basis	for	letermination that the pr	eonant woman	had a cond	ition	What was t	he hasis	for deter	mination th	hat the pregnant wo	man had a condition		
that required the pr		are to avert death or seri				that require					ment to the pregnant		
woman?						woman?							
Date last normal men	nses t	pegan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)		
		03/20/2016				6				4			
_	How were the gestational age and post fertilization age determined?												
ULTRASOUND	LINASOUND												
Full name of physici DR. CAROL DELLI	_	rforming termination											
		orming termination (num	mber and stree	t, citv. state	and zin	code)							
	-	NDIANAPOLIS, IN 46		.,, siene,	,и мр	,							
**Date Reported t	0 DC	CS, if Patient under 1	1 (month day	vear).									
Date Reported t	-	,, ii i ationi unuoi 1	· (monin, uuy,	yeur J						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEG VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnan					BLOOMING I ON MO					cy termination	
Defined state			Det: C			l m i	-4:-					
Patient's age** 34	Mar	ried Yes No		05/05/2016		Educ	ation		Bach	elor's Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0		
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin	nations		
Dates of termination	ns (Do	not include this termin				ost recent.)		5		6		
Fetus delivered alive	e?	If yes, length of ti							Complic	ation(s) of Pregnand	y Termination	
☐ Yes ■	No							• 1	None	☐ Uteri	ne Perforation	
								П	Hemorrhage	e \square Cervi	cal Laceration	
Fetus viable?	N.o.	If viable, medical	reason for term	nination:					C	_		
☐ Yes ■	NO								nfection	_	ned Products	
									Other (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this			It in a maternal death?	
								☐ Yes	s 🔳 No)		
				Type	nation Procedu	ıres						
Procedure that Term	Pregnancy			Additional F	rocedure	e that Ter	minated Pr	egnancy				
Medical (Nonsi	ırgical) Mifepristone				☐ Medica	l (Nonsu	rgical) N	//////////////////////////////////////	e.		
Medical (Nonst	urgical) Misoprostol				☐ Medica	l (Nonsu	rgical) N	/lisoprostol			
Medical (Nonsi	urgical) Other (Specify)				Medica	I (Nonsu	rgical) (Other (Speci	ify)		
		uction Curettage							on Curettag			
☐ Medical (Surgional Description of the Medical (Surgional Control of the Medical (Surgional of the Medical of the Me		Ienstrual Aspiration other (Specify)							strual Aspir r (<i>Specify</i>)	ration		
	,	(1 33)				integral (surgicus) survi (specify)						
Eor Madical (Surgice	ol) pr	ocedures, answer the fo	llowing quartic			For Medical	(Surgio	1) proces	hiros ansir	or the following que	stion	
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Was the fetus viab ☐ Yes [ave a post fertilization	age at least 20	weeks?			tus viabl Yes [a post ferti	ilization age at least	20 weeks?	
If the previous quest	tion w	as answered yes, comp	lete the following	ng question	ıs.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus give ☐ Yes [pest opportunity to surv	rive?				tus giver Yes [opportunit	y to survive?		
	_			. 1 1	1141 -		_	_				
		etermination that the parties to avert death or ser-								nat the pregnant wor th or serious impair	ment to the pregnant	
woman?						woman?						
						<u> </u>						
Date last normal me	nses b	egan		Physician	n estimat	e of gestation	in week:	5)	Post fer	rtilization age of the	fetus (in weeks)	
		3/20/2016				7				5		
_	How were the gestational age and post fertilization age determined?											
ULTRASOUND	LINAGOUND											
Evil name of 1	iar :	forming town:										
Full name of physic DR. CAROL DELLI	_	forming termination										
		orming termination (nu	mber and stree	t, city, state	, and zip	code)						
200 S. MERIDIAN	ST, IN	IDIANAPOLIS, IN 46	225									
**Date Reported	to DC	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnance					BLOOMING I ON MONI					cy termination	
D	1		D			1 = -						
Patient's age** 18	Marr	ied Yes I No		nancy termir 05/05/2016		Educa	tion	ŀ		ol Diploma or GED)	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Unk	cnown		nic or Latino Iispanic or Latino	☐ Unknown	
Live Births:]	Number now living	0				Numbe	er now d		0		
Other Termination	ıs:]	Number of spontaneou					Numbe	er of ind	uced termin	nations		
		not include this termin	0 ation. If more t	than six (6),	those m	ost recent.)				0		
1		2				4		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	ation(s) of Pregnanc	y Termination	
☐ Yes ■	No							■ N	None	☐ Uterin	ne Perforation	
								П	Hemorrhage	e \square Cervic	cal Laceration	
Fetus viable?	No	If viable, medical	reason for term	nination:					C	_	ned Products	
☐ Yes ■	NO							□ I	nfection	☐ Retair	ied Products	
									Other (Spec	ify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No							Did this	s terminatio	on of pregnancy resu	It in a maternal death?	
								☐ Yes			·	
Г												
				Туре	of Termi	nation Procedu	res					
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pro	eanancy		
		•										
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsur	gical) M	Iifepristone Iisoprostol	e		
		Other (Specify)				Medical	(Nonsur	gical) C	ther (Speci	fy)		
Medical (Surgio	001) C u	ation Curattaga				Madical	(Surgion	1) Cuati	on Curettag			
☐ Medical (Surgio	cal) Mo	enstrual Aspiration				☐ Medical	(Surgica	l) Mens	strual Aspir			
Medical (Surgion	cal) Ot	her (Specify)				Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) prod	cedures, answer the fo	llowing questic	on.		For Medical	(Surgical) proced	lures, answe	er the following que	 stion.	
Was the fetus viab	le or he	ve a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?						
Yes [_	ive a post fertilization	age at least 20	weeks:			Yes		a post tern	inzation age at least	20 weeks?	
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng question:	s.	If the previou	ıs auestic	on was a	nswered ve	s, complete the follo	wing questions.	
				ng question			_		-	-	wing questions:	
Was the fetus give ☐ Yes [est opportunity to surv	rive?				us given Yes 🔲		opportunit	y to survive?		
		termination that the p	reanant women	had a cond	ition	_		•'	mination 4	nat the pregnant won	an had a condition	
		e to avert death or ser									ment to the pregnant	
woman?						woman?						
Date last normal me	nses be	gan		Physician	estimate	e of gestation (in weeks)	Post fer	rtilization age of the	fetus (in weeks)	
	02	2/29/2016				8				6	·	
_	tional a	ge and post fertilization	on age determin	ned?				-		-		
ULTRASOUND	LTRASOUND											
Full name of physic	-	-	<u> </u>									
DR. CAROL DELLI		rming termination (nu	mhor and stree	t city state	and sin	code)						
	-	DIANAPOLIS, IN 46		ı, спу, <i>ыше</i> ,	, ана ДР	coue)						
		, ,										
wak D	. 5~	I CD	4.									
**Date Reported	to DCS	S, if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy					BLOOMINGTON MOI					ncy termination ONROE		
Patient's age**		. ,	Date of proce	ancy termin	nation	Educa	tion						
Patient's age** 39	Maı	ried □ Yes ■ No		nancy termin 05/05/2016		Educa	iliOII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination		
☐ Yes ■ I	NO							• 1	None	☐ Uteri	ne Perforation		
								I	Hemorrhage	e 🔲 Cervi	ical Laceration		
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products		
	NO									_	ned I roducts		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s termination	on of pregnancy resu	alt in a maternal death?		
								☐ Ye)			
				Туре о	of Termin	nation Procedu	res						
Procedure that Term	1 Dragnancy		Additional Pr	rocedure	a that Tar	minated Dr	ragnan ev						
										•			
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
	1) 0	· · · · · · · · · · · · · · · · · · ·					(C :	1) 0 (- C - 11				
		uction Curettage Ienstrual Aspiration				Medical Medical	(Surgic	al) Sucu al) Mens	on Curettag strual Aspir	ge ration			
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures answ	er the following que	estion		
						Was the fetus viable or have a post fertilization age at least 20 weeks?							
	le or h ■ No	have a post fertilization	age at least 20	weeks?			us viabl Yes	_	a post fert	ilization age at least	20 weeks?		
If the pravious quest	ion w	as answered was compl	ata tha fallowi	na quastion	o.	If the proviou	is anosti	ion was a	nervared ve	es, complete the foll	owing questions		
ii the previous quest	ion w	as answered yes, compl	ete the follown	ng questions	S.	ii tile previot	is questi	ion was a	iiswered ye	es, complete the foil	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
						_	_	_					
		etermination that the properties of the properti									man had a condition ment to the pregnant		
woman?	occu.	are to avery dealer or ser	ouo impuiine.	n to use prog	5	woman?	a and pr	occuure .	o aver dea	an or serious impair	ment to the pregnant		
Data leat magnet 1	2005 1	agan		Dhyni -! -	ontin	o of gostati (in1	~ l	Doct f	rtilization asf./1	fatus (in al.a)		
Date last normal men		egan 03/15/2016		riiysician	estimate	e of gestation (a	ın weeks	s)	Post Iei	rtilization age of the 5	tetus (in weeks)		
How were the gestat													
ULTRASOUND	LTRASOUND												
Full name of physici	an pe	rforming termination											
DR. CAROL DELLI	NGE	R											
	-	orming termination (num		t, city, state,	and zip	code)							
ZUU S. MERIDIAN S	۱, ا ا	NDIANAPOLIS, IN 46	2 25										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE													
Patient's age**	Mar	ried No	Date of pregn	nancy termina		Educa	tion		9th-12	th, No Diploma								
Race American Indiana Native Hawaiian		alaska Native [Asian White	_		an American	☐ Uni	known	Ethnicity Hispa	•	□ Unknown							
Live Births:		Number now living	0					er now d		0								
Other Terminations	s:	Number of spontaneous					Numb	er of ind	uced termin									
Dates of termination	s (Do	not include this termina	ation. If more to	han six (6), t	hose mo	ost recent.)		5.		6.								
Fetus delivered alive	?	If yes, length of tin		red:		**************************************			Complic	cation(s) of Pregnan	ncy Termination							
☐ Yes ■ 1	No							■ 1	None	☐ Ute	rine Perforation							
								□ I	Hemorrhago	e 🔲 Cer	vical Laceration							
Fetus viable? Yes I	No	If viable, medical r	eason for term	nination:				П	nfection	☐ Reta	nined Products							
									Other (Spec	rify)								
Pathological examina	ation	If yes, results:						_ · ·	outer (spec	.937								
performed?		in yes, results.																
☐ Yes ■ 1	No							Did this			sult in a maternal death?							
	_			Type of	f Termii	nation Procedur	res											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy																		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone																		
☐ Medical (Nonsu☐ Medical (Nonsu							(Nonsu	rgical) N	/lisoprostol									
☐ Medical (Nonsu	rgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)								
		uction Curettage							on Curettag									
☐ Medical (Surgice ☐ Medical (Surgice ☐ Medical (Surgice ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Ienstrual Aspiration Other (Specify)							strual Aspir r (<i>Specify</i>)	ration								
For Medical (Surgical	al) pro	ocedures, answer the following	lowing questic	 on.		For Medical (Surgica	ıl) proced	lures, answ	er the following a	 uestion.							
_	_	nave a post fertilization a				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?												
Yes [ige at least 20	WCCKS:			res [a post tert	mzation age at iea.	St 20 WCCKS.							
If the previous questi	ion w	as answered yes, comple	ete the following	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the fol	llowing questions.							
Was the fetus giver ☐ Yes ☐		best opportunity to survi	ve?				us given Yes 🗀		opportunit	y to survive?								
		etermination that the pro									oman had a condition							
that required the pr woman?	ocedi	are to avert death or serie	ous impairmer	nt to the pregi	nant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impai	rment to the pregnant							
Date last normal mer	ises h	egan		Physician	estimat	e of gestation (i	n woole	.)	Post for	rtilization age of th	le fetus (in wooks)							
Date last normal men		03/23/2016		1 Hysiciail (Commatt	6 6	n weeks	''	1 051 161	rumzation age of the	·							
=	ional	age and post fertilization	n age determin	ied?														
ULRASOUND	LRASOUND																	
Evil name of 1 1 11	o# :	ufamaina tamai																
Full name of physicion DR. CAROL DELLI	_	-																
= -	_	orming termination (nun		t, city, state,	and zip	code)												
200 S. MERIDIAN S	ST, IN	NDIANAPOLIS, IN 462	225															
**Date Reported to	o DC	CS, if Patient under 14	(month, day,	year):				*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (I AVENUE, BLOOMINGTON,	PPCSI) (MONROE CO.) - 421 SOUTH COLL	EGE City or	town, of pregna	y termination NROE							
20		nancy termination 05/12/2016	Educat	tion		ege, No Degree					
Race American Indiana or Native Hawaiian or C	_	☐ Black or Afri	can American	Unknown		ic or Latino spanic or Latino	Unknown				
Live Births:	Number now living 0	outer		Number now d		0	Chkhown				
Other Terminations:	Number of spontaneous terminations			Number of ind	uced termina						
Dates of terminations (D	Oo not include this termination. If more t	* **	nost recent.)	_							
Fetus delivered alive?	If yes, length of time fetus surviv		4	5	Complicat	ion(s) of Pregnancy	Termination				
☐ Yes ■ No				• I	None	☐ Uterino	e Perforation				
E	16 : 11 1: 1 6 4	• ,•		1	Hemorrhage	☐ Cervic	al Laceration				
Fetus viable? Yes No	If viable, medical reason for term	nination:			Infection	☐ Retain	ed Products				
					Other (Specify	v)					
Pathological examination	n If yes, results:										
performed? Yes No				Did thi	s termination	of pregnancy resul	in a maternal death?				
				☐ Ye	s • No						
		Type of Town	ination Proced	rec							
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgic	cal) Misoprostol			(Nonsurgical) N	Misoprostol						
Medical (Nonsurgic	cal) Other (<i>Specify</i>)		Medical	(Nonsurgical) (Other (Specify	')					
				(2 1 1) 2							
	Menstrual Aspiration			(Surgical) Sucti (Surgical) Men	strual Aspirat						
Medical (Surgical)	Other (Specify)		Medical	(Surgical) Othe	r (Specify)						
							_				
	procedures, answer the following question					the following ques					
Was the fetus viable or ☐ Yes ■ N	have a post fertilization age at least 20 No	weeks?		is viable or have ∕es ☐ No	e a post fertili	zation age at least 2	0 weeks?				
If the previous question	was answered yes, complete the followi	ng questions.	If the previou	s question was a	inswered yes,	complete the follow	wing questions.				
Was the fetus given the ☐ Yes ☐ N	e best opportunity to survive?			us given the best	opportunity	to survive?					
	determination that the pregnant woman	had a condition	What was th	e basis for deter	mination tha	t the pregnant wom	an had a condition				
	dure to avert death or serious impairmen		that required woman?	d the procedure	to avert death	or serious impairm	ent to the pregnant				
Date last normal menses	began	Physician estima	te of gestation (i	n weeks)	Post ferti	lization age of the f	etus (in weeks)				
How were the gostations	04/08/2016 al age and post fertilization age determin	led?	6			4					
ULTRASOUND	u age and post icitiization age determir	icu:									
Full name of physician p											
	rforming termination (number and stree	t, city, state, and zi	p code)								
200 S. MERIDIAN ST,	INDIANAPOLIS, IN 46225										
**Date Reported to D	OCS, if Patient under 14 (month, day,	year):									

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PLANNÉD PARENTHO	Facility Name and Address _ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy					BLOOMING TON MONRO					•		
Dationt's access			Data of a	onov tor:	otion	p.i	tion						
24	Maı	ried Yes No		25/12/2016		Educa	tion	ŀ		ol Diploma or GEI	D		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin				
Dates of termination 1. 04/04/2014	s (Do	not include this termin	ation. If more th	han six (6), 1	those mo	ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					Complic	cation(s) of Pregnan	cy Termination		
Yes •	No							• 1	None	☐ Uteri	ne Perforation		
								□ I	Hemorrhage	e 🔲 Cerv	ical Laceration		
Fetus viable? Yes 1	No	If viable, medical	reason for termi	ination:				Пі	nfection	☐ Retai	ined Products		
									Other (Spec				
Pathological examin	ation	If yes, results:							Julei (Spec	.(1,7)			
performed?		ii yes, resuits.											
☐ Yes ■	No							Did this			ult in a maternal death?		
				Type of	f Termir	rmination Procedures							
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	egnancy			
Medical (Nonsu									Mifepriston	•			
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Iisoprostol				
Medical (Nonst	ırgıca	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)			
		uction Curettage							on Curettag				
Medical (Surgio		Instrual Aspiration Other (Specify)							strual Aspir r <i>(Specify)</i>	ration			
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing question	n.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.		
		nave a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [age at roust 20 v	weeks.			Yes [_	a post for	inzation age at least	20 Weeks.		
If the previous quest	ion w	as answered yes, compl	lete the followin	ng questions	3.	If the previou	ıs questi	on was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus gives ☐ Yes [best opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?			
		etermination that the pr									man had a condition		
that required the programmer woman?	ocedi	ire to avert death or ser	ious impairment	t to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Date last normal me	nses k	egan	Т	Physician	estimate	e of gestation (in week	;)	Post for	rtilization age of the	e fetus (in weeks)		
_ acc acc normal mo		03/14/2016		1.1.75101411	Joinnan	7	,reens	,	1 050 101	5			
=	ional	age and post fertilization	n age determine	ed?					•				
ULTRASOUND	LIRAQUUND												
Full name of physici	an ne	rforming termination											
DR. CAROL DELLI	NGE	R			1 .	1-1							
	-	orming termination (num NDIANAPOLIS, IN 46		, city, state,	and zip	code)							
**Date Reported t	o DC	S, if Patient under 1	4 (month, day, y	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH - VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

PLANNÉD PARENTHO	Facility Name and Address ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE /ENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy						ancy ter	County of pregnancy termination MONROE				
Patient's age**	3.7	.:	Date of preon	nancy termin	nation	Educ	ation					
29	ıvıar	ned ■ Yes □ No		05/12/2016		Lauc			Bach	nelor's Degree		
Race American Indiana Native Hawaiian			☐ Asian ■ White	☐ Black	or Africa	an American		nknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Num	ber now d	eceased	0		
Other Termination	s:	Number of spontaneou	s terminations				Num	ber of ind	uced termin	nations 0		
Dates of termination	s (Do	not include this termin		than six (6),	those mo	ost recent.)						
1		2	3			4		5		6		
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination	
	NU							• N	None	☐ Uteri	ne Perforation	
F : 11.0		TC : 11 1: 1	· ·					- □ I	Hemorrhag	e 🔲 Cervi	cal Laceration	
Fetus viable? Yes 1	No	If viable, medical	reason for term	ination:					nfection	☐ Retai	ned Products	
										-:6.)		
D-4h-1i1i-	-4:	If						1 ' '	Other (Spec	uy)		
Pathological examination performed?	ation	If yes, results:										
☐ Yes ■	No									on of pregnancy resu	It in a maternal death?	
								☐ Yes	s 🔳 No	0		
			Type o	of Termin	nation Proced	ıres						
Procedure that Term	inated	Pregnancy				Additional I	rocedu	re that Ter	minated Pr	regnancy		
☐ Medical (Nonsu	rgica) Mifepristone				☐ Medica	l (Nons	urgical) M	//////////////////////////////////////	e		
Medical (Nonsu) Misoprostol) Other (Specify)				☐ Medica	l (Nons	urgical) M	Aisoprostol Other (Spec			
i Wedicai (Nollsu	ngica) Other (specify)				iviedica	I (INOIIS	uigicai) C	other (spec	ijy)		
Medical (Surgio						Medica	l (Surgi	cal) Sucti	on Curetta	ge		
Medical (Surgio		Ienstrual Aspiration ther (Specify)						cal) Mens	strual Aspir r (Specify)	ration		
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgio	cal) proced	lures, answ	er the following que	estion.	
	e or h	ave a post fertilization	age at least 20	weeks?			tus viab Yes		a post fert	ilization age at least	20 weeks?	
	_					_	•					
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	S.	If the previo	us ques	tion was a	nswered ye	es, complete the follo	owing questions.	
		est opportunity to surv	ive?				٠.		opportunit	ty to survive?		
☐ Yes ☐	_					_	Yes [
		etermination that the process returns to avert death or seri								hat the pregnant wor oth or serious impair	nan had a condition ment to the pregnant	
woman?	00000	io to avert death of per	ous impuirio.	n to use prog	Simil	woman?	ed die p		o uvervaeu	ar or sorrous impair	ment to the pregnant	
Date last normal mer	ises h	egan		Physician	estimate	e of gestation	in weel	ks)	Post fe	rtilization age of the	fetus (in weeks)	
mor normal inte		3/10/2016		- 11, siciali		8		/	1 000 10.	6	(Streems)	
_	ional	age and post fertilization	n age determin	ned?					•			
ULTRASOUND	LIRASOUND											
Full name of physici DR. CAROL DELLI	_	-										
		orming termination (num	mber and stree	t, citv. state	and zin	code)						
	-	IDIANAPOLIS, IN 46		.,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/						
**Date Reported t	o DC	S, if Patient under 14	4 (month. day	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	-			County of pre		y termination		
Patient's age** 23	Mar	ried No	Date of pregn	nancy termina 05/12/2016		Educa	tion	ŀ	High Scho	ol Diploma or	GED			
Race American Indiana Native Hawaiian o	or Ot	ner Pacific Islander	Asian White	☐ Black o	or Afric	an American		known	Not H	nnic or Latino Hispanic or Lati	no	Unknown		
Live Births:		Number now living	3					er now d		0				
Other Terminations	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 1				
Dates of terminations 09/23/2015	(Do	not include this termina	•	than six (6), t	those mo	ost recent.)		_						
Fetus delivered alive?)	If yes, length of tim	ne fetus surviv	ved.		4		5	Complic	cation(s) of Preg	gnancy	Termination		
Yes N		in yes, rengin or this	ie retas sur viv	· cu.				■ N	None	П	Iterine	Perforation		
									Hemorrhag	_		al Laceration		
Fetus viable?	,	If viable, medical r	eason for term	nination:					C					
☐ Yes ■ N	10								nfection	_	cetaine	ed Products		
									Other (Spec	cify)				
Pathological examinate performed?	tion	If yes, results:												
☐ Yes ■ N	lo										result	in a maternal death?		
								☐ Yes	s 🔳 No)				
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsur ☐ Medical (Nonsur									Aifepriston Aisoprostol					
Medical (Nonsur									ther (Spec					
Medical (Surgical)	al) S	action Curettage							on Curetta					
☐ Medical (Surgica☐ Medical (Surgica☐		lenstrual Aspiration							strual Aspir r (Specify)	ration				
	., -	(- <u>F</u> <u>3</u>)												
	•							1		1 011 1		.		
	_	cedures, answer the following				For Medical (Surgica	d) proced	lures, answ	er the following	g quest	ion.		
Was the fetus viable ☐ Yes ■		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes [a post fert	ilization age at	least 2	0 weeks?		
		as answered yes, comple	ete the followi	no questions		If the previou	s anesti	on was a	nswered ve	es, complete the	follov	ving questions		
•				ng questions	•	•	•		•	-	101101	ving questions.		
was the fetus given Yes		est opportunity to survi	ve?				is given Yes [opportunit	y to survive?				
What was the basis	for d	etermination that the pro	egnant woman	n had a condit	tion	What was tl	ne basis	for deter	mination tl	hat the pregnant	t woma	an had a condition		
that required the pro- woman?	ocedu	re to avert death or serie	ous impairmer	nt to the preg	nant	that require woman?	d the pro	ocedure t	o avert dea	th or serious in	npairm	ent to the pregnant		
Date last normal mens	ses h	egan		Physician	estimat	e of gestation (i	n wook	.)	Post for	rtilization age o	of the f	etus (in waaks)		
Date last normal mens		4/10/2016		1 Hysiciail	Commal	10	n weeks	''	1 081 16.	ranzauon age 0	8	cus (iii weeks)		
How were the gestational age and post fertilization age determined?									•					
ULTRASOUND														
Full name of physicia	n ra	forming tormination												
DR. CAROL DELLIN	_	-												
= -	_	orming termination (num		t, city, state,	and zip	code)								
200 S. MERIDIAN S	Τ, IN	IDIANAPOLIS, IN 462	225											
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna				County of pregnation Mo	DNROE			
Patient's age** 30	Mar	ried No	Date of pregn	nancy termina 05/12/2016		Educa	tion		Asso	ciate Degree				
Race American Indiana Native Hawaiian	or Ot	ner Pacific Islander	Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino lispanic or Latino	☐ Unknown			
Live Births:		Number now living	3					er now d		0				
Other Terminations	::	Number of spontaneou	s terminations 1				Numb	er of ind	uced termin	nations 1				
Dates of terminations	(Do	not include this termina 2. UNKNOWN	tion. If more t	than six (6), t	those mo	ost recent.)		5		6				
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					Complic	ation(s) of Pregnan	cy Termination			
☐ Yes ■ N	Ю							■ N	None	☐ Uter	ne Perforation			
T : 110		76 : 11 1: 1	C .					□ I	Hemorrhage	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes N	lо	If viable, medical r	eason for term	nination:				☐ I	nfection	☐ Reta	ined Products			
								П	Other (Spec	ify)				
Pathological examina	ition	If yes, results:							outer (Spee	977				
performed? ☐ Yes ■ N								D'1.1.			11 10			
i les 📮 r	NO							☐ Yes			alt in a maternal death?			
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsur	rgical) Mifepristone				☐ Medical	(Nonsu	rgical) M	lifepristone	:				
☐ Medical (Nonsur	rgical						(Nonsu	rgical) M	Tisoprostol Other (Speci					
	. grear) Giller (Speedy)					(1 tonsul	igicui) C	uner (speci	137				
Medical (Surgical Medical (Surgical Surgical Surg		action Curettage Ienstrual Aspiration							on Curettag strual Aspir					
☐ Medical (Surgica	al) O	ther (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgica	l) pro	cedures, answer the fol	lowing question	on.		For Medical	Surgica	l) proced	ures, answ	er the following qu	estion.			
Was the fetus viable ☐ Yes ■		ave a post fertilization a	nge at least 20	weeks?			us viable Yes		a post ferti	lization age at leas	20 weeks?			
		as answered yes, comple	ete the followi	ng questions.		_		_	nswered ye	s, complete the following	owing questions.			
Was the fetus given	the b	est opportunity to survi				Was the fet	us given	the best	·	y to survive?				
☐ Yes ☐						_	Yes [_						
		etermination that the pro re to avert death or seri-									man had a condition ment to the pregnant			
woman?			-			woman?	-			•				
Date last normal men		•		Physician	estimate	e of gestation (i	n weeks)	Post fer	tilization age of the	e fetus (in weeks)			
02/14/2016 10 How were the gestational age and post fertilization age determined?										8				
ULTRASOUND			<u>-</u>											
Full name of physicia DR. CAROL DELLIN	_	-												
Address of physician	perfo	orming termination (num		t, city, state,	and zip	code)								
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 462	225											
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):													

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or t	town, of pregna BLOOM	-			County of pregna	ncy termination ONROE			
Patient's age** 35	Mar	ried Yes No	Date of pregn	nancy termina 05/12/2016		Educa	tion		Some Co	llege, No Degree				
Race American Indiana Native Hawaiian			Asian White	☐ Black o	or Africa	an American		known er now d	Not H	nic or Latino lispanic or Latino	☐ Unknown			
Live Births:			3							0				
Other Terminations:		Number of spontaneou	2				Numr	per of ind	uced termir	1				
Dates of terminations 10/29/2015	(Do	not include this termina 2. UNKNOWN	tion. If more t UNKI		those mo	ost recent.)		5		6				
Fetus delivered alive?	,	If yes, length of tin							Complic	ation(s) of Pregnan	acy Termination			
☐ Yes ■ N	o							■ N	None	☐ Uter	ine Perforation			
								I	Hemorrhage	e 🔲 Cerv	vical Laceration			
Fetus viable? ☐ Yes ■ N	ĺ0	If viable, medical r	eason for term	nination:					nfection	_	ined Products			
	U									_	inica i rodacis			
Pathological examina	tion	If yes, results:							Other (Spec	ijy)				
performed?		ii yes, iesuits.												
☐ Yes ■ N	lo							Did this			ult in a maternal death?			
								10.	,	•				
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
		•												
Medical (NonsurMedical (Nonsur									Iifepristone Iisoprostol					
Medical (Nonsur									Other (Speci	fy)				
Medical (Surgica									on Curettag					
☐ Medical (Surgica☐ Medical (Surgica☐		Ienstrual Aspiration other (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
_ , ,		. 1												
F M 1: 1/6 : 1	1)	1				- M 1 1	(G :	1)		4 6 11 .				
	_	ocedures, answer the followed					_	_		er the following qu				
Was the fetus viable ☐ Yes ☐		ave a post fertilization a	ige at least 20	weeks?			us viabl Yes 🏻 🖺		a post ferti	lization age at leas	t 20 weeks?			
If the previous question	on w	as answered yes, comple	ete the followi	ng auestions		If the previou	ıs auesti	ion was a	nswered ve	s, complete the fol	lowing questions.			
•		pest opportunity to survi		8 1			•		·	y to survive?				
Yes			ve:				Yes [opportunit	y to survive:				
		etermination that the pro									man had a condition			
that required the pro- woman?	cedu	re to avert death or serie	ous impairmer	nt to the preg	nant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impai	rment to the pregnant			
Date last normal mens	sec h	egan		Physician	ectimat	e of acctation	in waal-	c)	Dost for	tilization age of th	e fetus (in weeks)			
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the									· ·					
How were the gestational age and post fertilization age determined?														
ULTRASOUND														
Follow C. 1		formin = t = 1 11												
Full name of physicia DR. CAROL DELLIN	_	-												
= -	_	orming termination (num		t, city, state,	and zip	code)								
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225											
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):													

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna	ncy term		County of pregnancy termination MONROE						
22 Yes No	ancy termination 05/12/2016	Educa	tion		ol Diploma or GED						
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Unk		nic or Latino lispanic or Latino						
Live Births: Number now living 2			Numbe	er now deceased	0						
Other Terminations: Number of spontaneous terminations 2			Numbe	er of induced termin	-						
Dates of terminations (Do not include this termination. If more to 1, 02/04/2016 2. UNKNOWN 3, UNKN		nost recent.) 4. UNKNOWN	l	5	6						
Fetus delivered alive? If yes, length of time fetus surviv	ed:			Complic	ation(s) of Pregnancy Termination						
☐ Yes ■ No				None	☐ Uterine Perforation						
Fetus viable? If viable, medical reason for term	ination:			Hemorrhage	e Cervical Laceration						
☐ Yes ■ No				☐ Infection	☐ Retained Products						
				Other (Spec	ify)						
Pathological examination performed?											
☐ Yes ■ No				Did this termination Yes No	on of pregnancy result in a maternal death?						
	Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
■ Medical (Nonsurgical) Mifepristone □ Medical (Nonsurgical) Mifepristone ■ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Misoprostol □ Medical (Nonsurgical) Other (Specify) □ Medical (Nonsurgical) Other (Specify)											
			(Surgica	l) Suction Curettag l) Menstrual Aspir l) Other (Specify)							
For Medical (Surgical) procedures, answer the following questic		For Madical (Currical) procedures ensur	er the following question.						
Was the fetus viable or have a post fertilization age at least 20			_		ilization age at least 20 weeks?						
☐ Yes ☐ No			Yes	No	-						
If the previous question was answered yes, complete the following	ng questions.	1	•	·	s, complete the following questions.						
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes \square	the best opportunit	y to survive?						
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmer woman?					nat the pregnant woman had a condition th or serious impairment to the pregnant						
Date last normal menses began											
03/31/2016 How were the gestational age and post fertilization age determin	ed?	7			5						
ULTRASOUND	ILTRASOUND										
Full name of physician performing termination											
DR. CAROL DELLINGER Address of physician performing termination (number and street) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	p code)									
200 G. INILINIDIAN GT, INDIANAFOLIO, IN 40223											
Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PP	CSI) (MONROE CO.) - 421	SOUTH COLL	LEGE C	ity or t	own, of pregna BLOOM	ncy terminat	tion		County of preg	nancy MON	
Patient's age**		. ,	Date of proces	nancy terminat	tion	Educat	tion					
34	Marı	ied □ Yes ■ No		05/12/2016		Educal			Some Co	ollege, No Degr	ee	
Race American Indiana Native Hawaiian		_	Asian White	☐ Black or	r Afric	an American	Unknow	vn		y anic or Latino Hispanic or Latin	0	Unknown
Live Births:		Number now living	0				Number no	ow de		0		
Other Terminations	s:	Number of spontaneous	terminations 0				Number of	indu	iced termi	nations 0		
Dates of terminations	s (Do	not include this termina		than six (6), th	ose m	ost recent.)						
1		2				4		5	Compli	cation(s) of Pregn		Commination
Fetus delivered alive Yes I		If yes, length of tim	e fetus surviv	/ed:				- ·	•	_	•	
								■ N		_		Perforation
Fetus viable?		If viable, medical re	eason for term	nination:				_ H	Iemorrhag	ge ∐ Co	ervical	Laceration
☐ Yes ■ N	No] Ir	nfection	☐ R	etaineo	l Products
] C	ther (Spec	cify)		
Pathological examina performed?	ation	If yes, results:										
Yes I	No						Did	l this			esult	in a maternal death?
								Yes	■ N	0		
Type of Termination Procedures												
Procedure that Termi	inated	Pregnancy				Additional Pr	ocedure that	Terr	ninated P	regnancy		
Medical (Nonsu							(Nonsurgica					
Medical (Nonsu Medical (Nonsu		Other (Specify)					(Nonsurgica (Nonsurgica					
Medical (Surgic	al) Su	action Curettage				☐ Medical	(Surgical) S	Suction	on Curetta	ıge		
	al) M	enstrual Aspiration				☐ Medical	(Surgical) M (Surgical) C	Aens	trual Aspi	ration		
ivicultar (Surgic	.ai) O	mer (specify)				Wicalcar	(Burgicar) C	Juici	(Specify)			
		cedures, answer the following	0 1							ver the following	•	
Was the fetus viabl ☐ Yes ☐		ave a post fertilization a	ge at least 20	weeks?			us viable or h Yes 🔲 No		a post fer	tilization age at le	ast 20	weeks?
If the previous questi	ion wa	s answered yes, comple	te the followi	ng questions.		If the previou	s question w	as ar	nswered v	es, complete the f	follow	ing auestions.
				ng questions.		_	_			_	0110 11	mg questions.
	No	est opportunity to surviv	vo:				res No		opportuill	ty to survive?		
		etermination that the pre								hat the pregnant		
that required the pr woman?	ocedu	re to avert death or serio	ous impairmer	nt to the pregn	ant	that required woman?	d the procedu	ure to	o avert dea	ath or serious imp	airme	nt to the pregnant
Date last normal mer	nses b	egan		Physician e	stimate	e of gestation (i	n weeks)		Post fe	ertilization age of	the fe	tus (in weeks)
	0	3/04/2016				8			2 330 10		6	
How were the gestational age and post fertilization age determined?												
ULTRASOUND												
Full name of physicis	an ner	forming termination										
DR. CAROL DELLII												
	-	rming termination (num		t, city, state, a	ınd zip	code)						
200 S. WERIDIAN S	וו , ו כ	DIANAPOLIS, IN 462	20									
**Date Reported to	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregn BLOO	ancy ter			County of pregnan	cy termination DNROE			
Patient's age**	3.7		Date of pregn	ancy termin	nation	Educ	ation							
Patient's age** 24	Mar	ried ☐ Yes ■ No		o5/12/2016		Educ	atiOII		Bach	nelor's Degree				
Race American Indiana Native Hawaiian			Asian White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin	ation. If more to	han six (6),	those mo	ost recent.)				0				
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination			
☐ Yes ■ 1	No							• 1	None	☐ Uterii	ne Perforation			
								I	Hemorrhage	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes 1	No	If viable, medical	reason for term	nination:				Пі	nfection	□ Retair	ned Products			
	10							_			lied Froducts			
									Other (Spec	cify)				
Pathological examination performed?	ation	If yes, results:												
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?			
								☐ Yes		0				
				Туре	of Termin	nation Procedu	ıres							
Procedure that Term	inated	l Pregnancy				Additional F	rocedur	e that Ter	minated Pr	egnancy				
		•								•				
Medical (NonsuMedical (Nonsu	rgica	l) Misoprostol				☐ Medica	l (Nonsu	rgical) N	Aifepriston Aisoprostol					
☐ Medical (Nonsu	rgica	l) Other (Specify)				☐ Medica	l (Nonsu	rgical) C	Other (Spec	ify)				
Medical (Surgic	al) S	uction Curettage				☐ Medica	l (Surgic	al) Sucti	on Curetta:	ge				
☐ Medical (Surgio	al) N	Ienstrual Aspiration				Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration								
☐ Medical (Surgio	al) (Other (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
Was the fetus viabl	e or l	have a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
Yes [age at least 20	weeks.			Yes [u post tert	inzuron ugo ut roust	20 Weeks.			
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.			
W 4h - f-ti	- 4 1 1		:9				_		-	_				
Was the fetus gives Yes		best opportunity to surv	146;				tus givei Yes [_	opportunit	ty to survive?				
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was	the basis	for deter	mination tl	hat the pregnant won	nan had a condition			
that required the pr		ire to avert death or seri				that require					ment to the pregnant			
woman?						woman?								
Date last normal mer	ises b	egan		Physician	estimate	e of gestation	in week.	s)	Post fe	rtilization age of the	fetus (in weeks)			
	03/19/2016	<u> </u>		7				5						
How were the gestational age and post fertilization age determined?														
ULTRASOUND														
														
Full name of physici DR. CAROL DELLI	_	-												
		orming termination (num	mber and street	t, city, state.	, and zip	code)								
	-	NDIANAPOLIS, IN 46				· 								
**Date Reported to DCS, if Patient under 14 (month, day, year):														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregna	ncy termination ONROE			
Patient's age**	3.1		Date of pregn	ancy termin	nation	Educa	tion							
Patient's age** 23	Maı	ried ☐ Yes ■ No		o5/12/2016		Educa	LIOII		9th-12	th, No Diploma				
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Uni	known		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	3				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations				
		not include this termin	0 ation. If more to	han six (6),	those me	ost recent.)				0				
1		2				4		5		6				
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnar	ncy Termination			
☐ Yes ■ I	No								None	☐ Uter	ine Perforation			
									Hemorrhag	e 🔲 Cerv	vical Laceration			
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ ı	nfection	— □ Pote	ined Products			
L les E l	NO										illied Floducts			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did thi	s termination	on of pregnancy res	ult in a maternal death?			
								☐ Ye	s 🔳 No	0				
				Туре	of Termin	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	that Ter	minated Pr	regnancy				
■ Medical (Nonsu	ırgica	l) Mifenristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol					
☐ Medical (Nonsu	ırgıca	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)				
		uction Curettage				☐ Medical	(Surgical	al) Sucti	on Curetta	ge				
Medical (Surgion Medica		Menstrual Aspiration Other (Specify)				☐ Medical ☐ Medical	(Surgical	al) Mens	strual Aspin	ration				
	, .	(☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pro	ocedures, answer the following	llowing questio	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following qu	estion.			
		nave a post fertilization	age at least 20	weeks?					a post fert	ilization age at leas	st 20 weeks?			
Yes						_	Yes [_						
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	on was a	nswered ye	es, complete the fol	lowing questions.			
		best opportunity to surv	ive?					_	opportunit	ty to survive?				
☐ Yes ☐	_					_	Yes _	_						
		letermination that the pa are to avert death or seri									oman had a condition rment to the pregnant			
woman?	occu.	are to areit dealer or ser	ous impunion	n to use prog	5	woman?	a are pro	occurre .	o avert dec	un or serrous mipu	rment to the pregnant			
Date last normal men	nses h	egan		Physician	estimate	e of gestation (in weeks	;)	Post fe	rtilization age of th	e fetus (in weeks)			
normal mor		03/11/2016				7		,	2 334 10	5	·			
How were the gestat														
ULTRASOUND														
Full name of physici DR. CAROL DELLI	_	rforming termination												
		orming termination (num	mber and street	t, city, state.	, and zip	code)								
	-	NDIANAPOLIS, IN 46		. ,,	~	,								
**Date Reported to DCS, if Patient under 14 (month, day, year):														

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregna	ncy termination ONROE			
Patient's age**			Date of pregn	anov to-	nation	Educa	tion				1			
28	Mar	ried □ Yes ■ No		05/12/2016		Educa	шоп	ı	High Scho	ol Diploma or GE	D			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations				
Dates of termination 1. 02/12/2015	s (Do	not include this termin	ation. If more t	han six (6),		ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination			
☐ Yes ■ I	No							1	None	☐ Uter	ine Perforation			
								Пі	Hemorrhag	e 🗍 Cerv	rical Laceration			
Fetus viable?	_	If viable, medical	reason for term	nination:						_				
☐ Yes ■ I	No							I	nfection	∐ Reta	ined Products			
									Other (Spec	cify)				
Pathological examin	ation	If yes, results:												
performed?	Nο							Did thi	s terminatio	on of pragnancy res	ult in a maternal death?			
	110							Yes			uit in a maternal death?			
				Type o	of Termi	nation Procedu	res							
D 1 4		I.D.		1,500				4						
Procedure that Term	ınateo	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy				
Medical (Nonsu									Aifepriston					
☐ Medical (Nonsu ☐ Medical (Nonsu		l) Other (<i>Specify</i>)							Aisoprostol Other (<i>Spec</i>					
		uction Curettage Ienstrual Aspiration				Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration								
Medical (Surgio									r (Specify)					
For Medical (Surgice	al) pro	ocedures, answer the fo	llowing questic	.n		For Medical	(Surgice	al) proced	lurec ancw	er the following qu	estion			
	le or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl Yes 🏻 🗀	_	a post fert	ilization age at leas	t 20 weeks?			
If the previous quest	ion w	as answered yes, compl	lete the followi	na auestions	c	If the previou	is anesti	ion was a	newered ve	es, complete the fol	lowing questions			
				ng questions	s.	_	_		-	_	lowing questions.			
Was the fetus gives ☐ Yes ☐		pest opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?				
	_	etermination that the pr	agnant wome:	had a com	ition	_		_	mination 4	hat the program	man had a condition			
		re to avert death or ser									rment to the pregnant			
woman?						woman?								
Date last normal men	ises b	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of th	e fetus (in weeks)			
	(3/07/2016		·		9				7	· · · · · ·			
How were the gestat														
ULTRASOUND														
Full name of physici DR. CAROL DELLI	_	rforming termination												
		orming termination (num	mber and stree	t, citv. state	and zin	code)								
	-	IDIANAPOLIS, IN 46		.,у, ыше,	, ат цр									
**Data Danceted	0 DC	S if Dationt we don't	1 (m and). 1	210am):										
""Date Reported t	υDC	S, if Patient under 1	+ (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregn BLOOI	ancy terr			County of pregna M	ncy termination ONROE			
Patient's age**	3.7		Date of pregn	ancy termin	nation	Educa	ntion				1			
Patient's age** 26	Mar	ried □ Yes ■ No		nancy termin 05/12/2016		Educa	iciOII		Mas	ster's Degree				
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black ■ Other		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numb	per now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations				
Dates of termination 12/12/2014	s (Do	not include this termin		than six (6),		ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of ti	ne fetus surviv	ved:					Complic	cation(s) of Pregnar	ncy Termination			
☐ Yes ■ I	No							• 1	None	☐ Uter	ine Perforation			
									Hemorrhag	e □ Cerv	vical Laceration			
Fetus viable?	ντ_	If viable, medical	reason for term	nination:							ined Products			
☐ Yes ■ I	NO								nfection		ined Products			
									Other (Spec	cify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No										ult in a maternal death?			
								☐ Yes	s 🔳 No	D				
				Туре	of Termin	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy				
☐ Medical (Nonsu	rgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e				
☐ Medical (Nonsu	rgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol					
Medical (Nonsu	rgica) Other (Specify)				☐ Medica	(Nonsu	irgicai) C	Other (Spec	ıfy)				
		uction Curettage							on Curetta					
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspir r (Specify)	ration				
						interest (surgest)								
For Medical (Surgical	al) pro	ocedures, answer the fo	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.								
	e or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at leas	st 20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previo	ıs quest	ion was a	nswered ye	es, complete the fol	lowing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?				
	_					_	_							
		etermination that the parties to avert death or serious									oman had a condition rment to the pregnant			
woman?			•			woman?	•			1	1 0			
Date last normal men	ises b	egan		Physician	estimate	e of gestation (in week:	s)	Post fe	rtilization age of th	e fetus (in weeks)			
		03/10/2016				9				7				
How were the gestat														
ULTRASOUND														
Full name of show!-	an r	rforming tarmineties												
Full name of physici DR. CAROL DELLI	_	-												
	-	orming termination (num		t, city, state,	, and zip	code)								
200 S. MERIDIAN S	ST, IN	NDIANAPOLIS, IN 46	225											
**Date Reported to DCS, if Patient under 14 (month, day, year):										_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 4	21 SOUTH COLLE	EGE	City or town,	of pregna BLOOM	•		County of pregnancy termination MONROE			
D.: 12 **	ı		D, C			I E I						
Patient's age** 21	Marr	ied □ Yes ■ No	Date of pregna	ancy termin 05/12/2016		Educa	tion	•	College, No Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or African Ar	nerican	□Un		tty panic or Latino : Hispanic or Latino			
Live Births:		Number now living	0	_				per now deceased	0			
Other Termination	ıs:	Number of spontaneo	us terminations 0				Numb	per of induced term	ninations 0			
Dates of termination	is (Do 1	not include this termin	•			cent.)		_				
Fetus delivered alive	 e?	If yes, length of t			4			5 Compl	lication(s) of Pregnancy Termination			
☐ Yes ■	No							■ None	☐ Uterine Perforation			
								☐ Hemorrha	age			
Fetus viable? Yes	No	If viable, medical	reason for termi	ination:				☐ Infection	☐ Retained Products			
								Other (Sp	ecify)			
Pathological examin	ation	If yes, results:										
performed? ☐ Yes ■	No							Did this termina	tion of pregnancy result in a maternal death?			
								☐ Yes ■				
					Transitation Describer.							
				Type o	of Termination	n Procedu	res					
Procedure that Term	inated	Pregnancy			Ado	ditional Pr	ocedure	e that Terminated	Pregnancy			
☐ Medical (Nonsu ☐ Medical (Nonsu								rgical) Mifepristo rgical) Misoprost				
		Other (Specify)						rgical) Other (Spe				
Medical (Surgio		enstrual Aspiration						al) Suction Curet				
Medical (Surgio								al) Other (Specify				
For Medical (Surgic	al) pro	cedures, answer the fo	ollowing question	n.	For	Medical ((Surgica	al) procedures, ans	wer the following question.			
	le or ha	ave a post fertilization	age at least 20 v	weeks?	W	_	_	e or have a post fe	ertilization age at least 20 weeks?			
If the previous quest	ion wa	s answered yes, comp	lete the followin	ng questions	s. If th	ne previou	ıs questi	ion was answered	yes, complete the following questions.			
Was the fetus give ☐ Yes [est opportunity to sur	vive?		W		us giver Yes [n the best opportur	nity to survive?			
		etermination that the p							that the pregnant woman had a condition			
woman?	roceaui	re to avert death or se	rious impairmen	it to the preg	-	at require oman?	a tne pr	ocedure to avert d	eath or serious impairment to the pregnant			
Date last normal me		-		Physician	estimate of g		in weeks	Post	fertilization age of the fetus (in weeks)			
How were the gestat	2/23/2016 ge and post fertilization	on age determine	ed?		10			8				
ULTRASOUND												
Full name of physici DR. CAROL DELLI	-	-										
	-	rming termination (ni		t, city, state,	and zip code)						
ZUU S. MEKIDIAN	oı, IN	DIANAPOLIS, IN 46	0220									
**Date Reported t	Pate Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	•			County of pregna	ncy termination ONROE			
Patient's age**	Mari	ried □ Yes ■ No	Date of pregn	nancy termina 05/12/2016		Educa	tion		9th-12	th, No Diploma				
Race American Indiana Native Hawaiian		laska Native [☐ Asian ☐ White			an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Terminations	:	Number of spontaneous	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of terminations	(Do	not include this termina		than six (6), t	those mo	ost recent.)								
1		2	3			4		5	Complia	eation(s) of Pregnan	av Tamaination			
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	/ed:				-	•	_	•			
									None	_	ine Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:				I	Hemorrhage	e	ical Laceration			
☐ Yes ■ N	lo							_ I	nfection	Reta	ined Products			
									Other (Spec	cify)				
Pathological examina performed?	tion	If yes, results:												
Yes IN	Vо							Did thi	s termination	on of pregnancy res	ult in a maternal death?			
								☐ Ye	s 🔳 No)				
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsur									/lifepriston					
☐ Medical (Nonsur ☐ Medical (Nonsur									Aisoprostol Other (Spec					
_ `		1 337				_	`	υ,	· 1					
— M 1: 1/6 :	1) 0						/G :	1) 0	- C #					
	al) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspin					
Medical (Surgica	al) O	ther (Specify)				☐ Medical (Surgical) Other (Specify)								
For Medical (Surgica	l) pro	cedures, answer the following	lowing question	on.		For Medical	Surgica	ıl) proceo	lures, answ	er the following qu	estion.			
		ave a post fertilization a	age at least 20	weeks?					a post fert	ilization age at leas	t 20 weeks?			
☐ Yes ■	∐No						Yes [」No						
If the previous question	on wa	is answered yes, comple	ete the following	ng questions	-	If the previou	s questi	ion was a	nswered ye	es, complete the fol	owing questions.			
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?				
What was the basis	for de	etermination that the pro	egnant woman	n had a condit	tion	What was t	ne basis	for deter	mination th	hat the pregnant wo	man had a condition			
		re to avert death or serie									rment to the pregnant			
woman:						woman:								
Date last normal menses began O3/16/2016 Physician estimate of gestation (in weeks) 8 Post fertilization age of the fetus (in weeks) 6									e tetus (in weeks)					
How were the gestation	ned?	-]									
ULTRASOUND														
Full name of physicia DR. CAROL DELLIN	_	-												
		rming termination (nun	nber and stree	t, city, state,	and zip	code)								
200 S. MERIDIAN S	T, IN	DIANAPOLIS, IN 462	225											
**Date Reported to	n DC	S, if Patient under 14	(month day	vear).										
zac reponcu ti		., amont unuci 14	, monin, auy,	, cui j						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPCS		21 SOUTH COLLI	EGE	City or t	town, of pregna BLOOM				ancy termination IONROE			
T	ı		D : 2			1 = -	.•						
Patient's age** 20	Married	Yes No	Date of pregna	ancy termi 05/12/201		Educa	tion	Some C	College, No Degre	e			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	■ His	ry panic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Nu	mber now living	0				Numb	per now deceased	0				
Other Termination	ns: Nu	mber of spontaneou					Numb	per of induced term					
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	, those m	ost recent.)		5	6				
Fetus delivered alive		If yes, length of tir	me fetus survivo	ed:				Compl	ication(s) of Pregna	ncy Termination			
	110							None None	_	erine Perforation			
Fetus viable?		If viable, medical	reason for term	ination:				☐ Hemorrha	ge 🗌 Cei	vical Laceration			
☐ Yes ■ 1	No							☐ Infection	_	ained Products			
Pathological examin	ation	If yes, results:						Other (Spe	ecify)				
performed?		ii yes, iesuits.											
☐ Yes ■	NO							☐ Yes ■ N		sult in a maternal death?			
						T D I.							
Type of Termination Procedures Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Procedure that Term													
Medical (NonsuMedical (NonsuMedical (Nonsu	urgical) N	/lisoprostol				☐ Medical	(Nonsu	rgical) Mifepristo rgical) Misoprosto rgical) Other (Spe	ol				
Medical (Surgion Medical (Surgio	cal) Mens	strual Aspiration				☐ Medical	(Surgic	al) Suction Curett al) Menstrual Asp al) Other (Specify	iration				
For Medical (Surgic	(1) mmo oo o	humas amazzam tha fai	llowing question			For Madical (Cumaias	al) muono dumos, ame	wer the following q				
_	_	a post fertilization						_	rtilization age at lea				
☐ Yes [☐ No	•				`	Yes [No	-				
If the previous quest		opportunity to surv		ng questior	1S.	1	•	ion was answered you	yes, complete the fo	llowing questions.			
Yes [opportunity to surv	ive:				Yes [ity to survive:				
		mination that the properties of avert death or serious								oman had a condition irment to the pregnant			
Date last normal me	nses bega	n		Physician	n estimat	e of gestation (i	n weeks	s) Post f	ertilization age of t	he fetus (in weeks)			
How were the gestat	•		6			•	1						
ULTRASOUND	nonai age	and post fertilization	m age determine	eu :									
T 11													
Full name of physici DR. CAROL DELLI	INGER												
Address of physician 200 S. MERIDIAN 3	_	-		, city, state	e, and zip	code)							
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	.EGE	BLOOMINGTON MON					cy termination DNROE					
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	tion							
Patient's age** 22	Marı	ied □ Yes ■ No		nancy termin 05/12/2016		Educa	iiiOII		Some Co	ollege, No Degree				
Race American Indiana Native Hawaiian			☐ Asian ☐ White	■ Black □ Other	or Africa	an American	☐ Un	known		nic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Terminations	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations				
Dates of terminations	s (Do	not include this termina	v	than six (6),		ost recent.)		5		1 6				
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	ved:					Complic	ation(s) of Pregnanc	cy Termination			
☐ Yes ■ N	Мо							■ 1	None	☐ Uteri	ne Perforation			
								П	Hemorrhage	e 🔲 Cervi	cal Laceration			
Fetus viable?		If viable, medical	reason for term	nination:					Ü	_				
☐ Yes ■ N	No							□ I	nfection	☐ Retai	ned Products			
									Other (Spec	ify)				
Pathological examina	ation	If yes, results:												
performed?	No							Did this	s terminatio	on of pregnancy resu	alt in a maternal death?			
								Yes			nt in a maternar deatir:			
				Type o	of Termin	nation Procedu	res							
Procedure that Termi	noted	Prognancy				Additional Procedure that Terminated Pregnancy								
										•				
Medical (Nonsu:									Aifepristone Aisoprostol					
Medical (Nonsu									Other (Speci					
Medical (Surgice)	o1) C 1	action Curattaga				☐ Madical	(Surgio	al) Suati	on Curettag	70				
☐ Medical (Surgic	al) M	enstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspir					
☐ Medical (Surgic	al) O	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgica	ıl) pro	cedures, answer the fol	lowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.			
		ave a post fertilization				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
	No	ave a post fertilization	age at least 20	weeks:		_	Yes [_	a post tert	mzanon age at least	20 Weeks!			
If the previous questi	on wa	s answered yes, compl	ete the followi	ng auestions	s.	If the previou	ıs auesti	ion was a	nswered ve	es, complete the follo	owing questions.			
				ng question		•	•		•	•	owing questions.			
Was the fetus given Yes		est opportunity to surv	ive?				us giver Yes	_	opportunit	y to survive?				
What was the basis	for de	starmination that the ne	rognant woman	had a aandi	ition	What was t	ha hasis	for datas	mination th	not the program were	non had a condition			
		etermination that the properties to avert death or serious									nan had a condition ment to the pregnant			
woman?						woman?								
Date last normal men	ises be	egan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)			
	0	2/23/2016				12				10	·			
How were the gestati	ned?													
ULTRASOUND														
Full name of physicia DR. CAROL DELLIN	-	•												
		rming termination (num	nber and street	t, citv. state	and zin	code)								
	_	DIANAPOLIS, IN 46		.,,, siene,	sup	/								
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/04/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE						County of pregnand	ey termination NROE			
	1		-			1 —								
Patient's age** 28	Marr	ied □ Yes ■ No	Date of pregn	nancy termin 05/12/2016		Educa	tion			llege, No Degree				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	☐ Unk	cnown		nic or Latino lispanic or Latino	☐ Unknown			
Live Births:		Number now living	0					er now d		0				
Other Termination		Number of spontaneou					Numbe	er of ind	uced termin					
		not include this termin	0 ation If more t	than six (6)	those m	ost recent)				1				
1. UNKNOWN		2	3			4		5		6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complica	ation(s) of Pregnanc	y Termination			
Yes I	No							■ N	None	☐ Uterin	e Perforation			
								П	Hemorrhage	e \square Cervic	cal Laceration			
Fetus viable?	No	If viable, medical	reason for term	nination:					J					
☐ Yes ■	NO								nfection	_	ned Products			
									Other (Spec	ify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No							Did this	s terminatio	on of pregnancy resu	It in a maternal death?			
								☐ Yes						
				Туре	of Termi	Permination Procedures								
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pro	egnancy				
☐ Medical (Nonsu	raical)	Mifenristone				☐ Madical	(Noneur	raical) N	lifepristone					
☐ Medical (Nonsu	urgical)	Misoprostol				☐ Medical	(Nonsur	gical) M	Iisoprostol					
Medical (Nonsu	urgical)	Other (Specify)				☐ Medical	(Nonsur	gical) C	ther (Speci	fy)				
Medical (Surgional Control Contro	cal) Su	ction Curettage				☐ Medical	(Surgica	al) Sucti	on Curettag					
	cal) M	enstrual Aspiration				☐ Medical	(Surgica	al) Mens	strual Aspir					
Medicai (Surgio	cai) Oi	ner (<i>specify</i>)				Medical (Surgical) Other (Specify)								
For Medical (Surgic	al) pro	cedures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.								
		ave a post fertilization	age at least 20	weeks?					a post ferti	lization age at least	20 weeks?			
	■ No						Yes _							
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng questions	S.	If the previou	is questic	on was a	nswered ye	s, complete the follo	wing questions.			
Was the fetus give ☐ Yes [est opportunity to surv	vive?				us given Yes 🗀		opportunit	y to survive?				
What was the basis	s for de	termination that the pr	regnant woman	had a condi	ition	What was t	he hasis	for deter	mination th	at the pregnant won	nan had a condition			
that required the pr		e to avert death or ser				that require					nent to the pregnant			
woman?						woman?								
L						<u> </u>								
Date last normal me		-		Physician	estimate	e of gestation (in weeks))	Post fer	tilization age of the	fetus (in weeks)			
How was the		3/05/2016	on aga dat'			9				7				
ULTRASOUND	попат а	ge and post fertilization	лі age determin	ieu :										
22														
Full name of physici	ian nor	forming termination									1			
DR. CAROL DELLI	_	-												
	-	rming termination (nu		t, city, state,	and zip	code)								
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225											
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE	City or t	town, of pregna BLOOM	ancy tern			County of pregnance	ey termination NROE		
	1		-			T							
Patient's age** 24	Marr	ied □ Yes ■ No	Date of pregn	nancy termin 05/27/2016		Educa	ition	ŀ		ol Diploma or GED			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black ☐ Other	or Afric	an American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numbe	er now d	eceased	0			
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin	nations			
Dates of termination	is (Do 1	ot include this termin	ation. If more t	than six (6),	those m	ost recent.)	<u> </u>			0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					Complic	ration(s) of Pregnancy	y Termination		
☐ Yes ■	No							■ 1	None	☐ Uterin	e Perforation		
								□ I	Hemorrhage	e 🔲 Cervic	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Пт	nfection	□ Retain	ed Products		
	110										ica i roducts		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No							Did this			t in a maternal death?		
								☐ Yes					
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	egnancy			
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsur (Nonsur	gical) M gical) M	Aifepristone Aisoprostol	e			
		Other (Specify)				☐ Medical	(Nonsur	gical) C	Other (Speci	ify)			
Medical (Surgio	cal) Su	ction Curattage				☐ Medical	(Surgice	1) Sucti	on Curettag				
☐ Medical (Surgio	cal) M	enstrual Aspiration				☐ Medical	(Surgica	al) Mens	strual Aspir				
Medical (Surgio	cal) Ot	her (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following ques	stion.		
Was the fetus vieb	lo or be	ve a post fertilization	ngo at loost 20	woolse?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes [ive a post fertifization	age at least 20	weeks:			Yes [a post tert	mzation age at least.	20 weeks?		
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng questions	S.	If the previou	ıs auestic	on was a	nswered ve	es, complete the follo	wing questions.		
				ing question			_		-	-	wing questions:		
Was the fetus give ☐ Yes [est opportunity to surv	rive?				us given Yes		opportunit	y to survive?			
		termination that the pr	reanant women	had a condi	ition	_	_	_	mination 4	nat the pregnant wom	ian had a condition		
		e to avert death or ser								th or serious impairn			
woman?						woman?							
Date last normal me	nses be	gan		Physician	estimat	e of gestation (in weeks)	Post fer	rtilization age of the	fetus (in weeks)		
		1/01/2016				7		•		5	,		
_	tional a	ge and post fertilization	on age determin	ned?									
ULTRASOUND	_TRASOUND												
Full name of physic	-	-											
DR. CAROL DELLI		rming termination (nu	mhor and ates	t aits state	and =:	coda)							
	-	rming termination (nu. DIANAPOLIS, IN 46		ı, cuy, state,	, апа zīp	coae)							
	. , •		-										
**Date Reported	to DCS	S, if Patient under 1-	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH - VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC	SI) (MONR) 17403	OE CO.) - 42	21 SOUTH COLLI	EGE	City or to	own, of preg BLOC	nancy te			County of pregnancy termination MONROE				
Detient?				Dati C		4:	l = 1	4:							
Patient's age** 25	Marrie [ed Yes	■ No	Date of pregna	ancy termi 05/07/201		Educ	cation	Н	•	ol Diploma or GED				
Race American Indian Native Hawaiian Live Births:	or Othe		slander	Asian White	Black		nn American		Inknown ober now de	☐ Not H	nic or Latino Iispanic or Latino Unknown 0				
Other Termination	s. N	lumber of	spontaneou	as terminations				Num	nber of indu	ced termin	nations				
Dates of termination		ot include	this termin	1 ation. If more th	han six (6),	, those mo	st recent.)				0				
ı. UNKNOWN		2		3		4	i		5		6				
Fetus delivered alive		If yes, l	ength of ti	me fetus survive	ed:					Complic	ation(s) of Pregnancy Termination				
☐ Yes ■	No								■ N	one	☐ Uterine Perforation				
									⊢ ⊔ н	emorrhage	e Cervical Laceration				
Fetus viable? Yes 1	No	If viable	e, medical	reason for term	ination:					nfection	Retained Products				
ies i	INO										_				
									_	ther (Spec	ify)				
Pathological examin performed?	ation	If yes, r	esults:												
☐ Yes ■	No										on of pregnancy result in a maternal death?				
									Yes	■ No)				
					Type	of Termin	ation Proced	ures							
Procedure that Term	inated F	regnancy					Additional	Procedu	re that Tern	ninated Pro	egnancy				
☐ Medical (Nonsu	ırgical)	Mifepristo	one				☐ Medic	al (Nons	surgical) M	ifepristone					
☐ Medical (Nonsu	ırgical)	Misoprost	ol				☐ Medic	al (Nons	surgical) M	isoprostol					
☐ Medical (Nonsu	irgicai)	Otner (Sp	есіƒу)				☐ Medic	ai (Nons	surgical) O	tner (<i>Speci</i>	(Jy)				
Medical (Surgio									ical) Suction						
☐ Medical (Surgion Med									urgical) Menstrual Aspiration urgical) Other (Specify)						
							_								
For Medical (Surgical	al) proce	edures, ans	swer the fo	llowing question	n.		For Medica	l (Surgio	cal) procedi	ares, answ	er the following question.				
Was the fetus viab	le or hav ■ No	ve a post fe	ertilization	age at least 20 v	weeks?		_		ble or have	a post ferti	ilization age at least 20 weeks?				
If the previous quest	_	am arriama d		lata tha fallarrin			_		_	arramad va	a complete the fellowing questions				
					ng questior	1S.	•	-		•	s, complete the following questions.				
Was the fetus gives ☐ Yes ☐		st opportui	nity to surv	vive?				etus give Yes		opportunit	y to survive?				
What was the basis	for date	armination	that the n	ragnant waman	had a sone	lition	What was	the best	is for dotor	nination th	nat the pregnant woman had a condition				
that required the pr							that requi				th or serious impairment to the pregnant				
woman?							woman?								
Date last normal me	_				Physician	n estimate	of gestation	(in week	ks)	Post fer	rtilization age of the fetus (in weeks)				
II		/26/2016	£4!1!4!		- 10		11				9				
How were the gestat ULTRASOUND	лонан ад	e anu post	rerumzauic	m age uetermin	eu:										
Full name of physici	an perfe	orming terr	nination												
DR. CAROL DELLI	-	5 1011													
Address of physician	-	-			t, city, state	e, and zip	code)								
200 S. MERIDIAN	ST, IND	IANAPO	LIS, IN 46	225											
**Date Reported t	o DCS	, if Patien	it under 1	4 (month, day, y	vear):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/17/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	BLOOMINGTON					County of pregnand MC	cy termination		
Patient's age**			Date of mass:	anov tomo:-	ation	Educa	tion				1		
Patient's age** 32	Maı	ried ☐ Yes ■ No	Date of pregn	ancy termin 06/16/2016		Educa	non	ı	High Scho	ol Diploma or GED)		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black Other	or Africa	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina		han six (6), i	those mo	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination		
	10							1	None	☐ Uterir	ne Perforation		
Fetus viable?		If viable, medical	reason for term	ination:				I	Hemorrhage	e 🗌 Cervi	cal Laceration		
Yes I	No	ii viable, illedicar	reason for term	illiation.				I	nfection	☐ Retain	ned Products		
									Other (Spec	rify)			
Pathological examin	ation	If yes, results:							Suici (Spec	-957			
performed?		ii yes, resuns.											
☐ Yes ■	No							Did thi		on of pregnancy resu	It in a maternal death?		
		I							<u>, </u>				
				Trees -	of Town:	nation Procedu	rec						
				1 ype 0	1 1 CHIIII								
Procedure that Term	inated	l Pregnancy				Additional Pr	rocedure	e that Ter	minated Pr	regnancy			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Madical (Surgice	vo1) S	uction Curettage				☐ Madical	(Surgio	ol) Suoti	on Curetta	go.			
☐ Medical (Surgion)	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ge ration			
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.		
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?		
] No						Yes [No	•				
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given	n the	best opportunity to surv	ive?			Was the fet	us giver	n the best	opportunit	y to survive?			
☐ Yes ☐] No)					Yes [No					
		etermination that the pr								hat the pregnant won			
woman?	ocedi	ire to avert death or seri	ious impairmen	it to the preg	gnant	woman?	d the pr	ocedure t	o avert dea	th or serious impairs	nent to the pregnant		
Date last normal men	ncoc 1	ecan		Dhysisias	Actimat	e of gestation (in wast	e)	Doct f-	rtilization age of the	fatus (in waaka)		
Date last notilial file)4/28/2016		1 Hysiciali	Commatt	7	ii vveeki	"	1 081 16.	funzation age of the 5	icus (in weeks)		
How were the gestat	ional	age and post fertilization	n age determin	ed?					1				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	_	rforming termination											
		orming termination (num	mber and street	t, city, state.	and zip	code)							
	-	NDIANAPOLIS, IN 46		J									
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	GE BLOOMINGTON				, , ,	ancy termination MONROE			
Defice 2			D-4 C		-4:	1 = 1	-4:-						
Patient's age** 25	Marrie [ed ☐ Yes ■ No	Date of pregr	06/16/2016		Educa	ation	ŀ		ool Diploma or G	ED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	nn American	☐ Unk	known		/ anic or Latino Hispanic or Latino	Unknown		
Live Births:		umber now living						er now d		0			
Other Termination	s: N	umber of spontaneou		3			Numbe	er of ind	uced termi				
Dates of termination			•			ost recent.)				0			
I					4	1		5	Complia	cation(s) of Pregna	ancy Termination		
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				■ 1	•	_	erine Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Hemorrhag	e ∐ Ce	rvical Laceration		
Yes •	No								nfection	☐ Re	tained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	termination	on of pregnancy re	esult in a maternal death?		
								☐ Yes	s I N	0			
				Type of	of Termin	nation Procedu	ires						
Procedure that Term	inated P	regnancy				Additional Procedure that Terminated Pregnancy							
Medical (Nonsu									lifepriston				
Medical (Nonsu Medical (Nonsu									lisoprostol other (Spec				
						_							
Medical (Surgio	ral) Suc	tion Curettage				☐ Medical	(Surgica	al) Sucti	on Curetta	ge			
Medical (Surgio	cal) Mei	nstrual Aspiration				■ Medical	(Surgica	al) Mens	trual Aspi				
Medical (Surgio	cai) Oth	er (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav ☐ No	re a post fertilization	age at least 20	weeks?			tus viable Yes 🗀		a post fert	tilization age at lea	ast 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	S.	If the previous	us questic	on was a	nswered ye	es, complete the fo	ollowing questions.		
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	ermination that the p	reanant women	n had a condi	ition	_		_	mination t	hat the prognant	oman had a condition		
that required the pr		to avert death or ser				that require					airment to the pregnant		
woman?						woman?							
Γ				Τ = .									
Date last normal me	_	an 25/2016		Physician	estimate	of gestation (in weeks))	Post fe	_	the fetus (in weeks) 4		
How were the gestat			on age determin	ned?					1				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC	SI) (MONROE CO.) - 4: 7403	21 SOUTH COLL	LEGE	City or to	own, of pregna BLOOM	ancy termi MINGTON			County of pregr	ancy te		
Patient's age**	. .	1	Date of pregr	nancs, termin	nation	Educa	ntion						
Patient's age** 26	Marrie	d Yes No		06/23/2016		Educa	OII			ociate Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black ☐ Other	or Africa	n American	☐ Unkr	nown		/ anic or Latino Hispanic or Latino	1	Unknown	
Live Births:	N	umber now living	1				Number	r now d	eceased	0			
Other Termination	s: N	umber of spontaneou	us terminations	3			Number	r of indu	uced termi	nations 1			
Dates of termination		ot include this termin	ation. If more t	than six (6),	those mo	st recent.)	1	_ 5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregna	ancy Te	ermination	
Yes •	No							■ N	None	☐ Ut	erine Pe	erforation	
								□ F	Hemorrhag	e 🔲 Ce	rvical L	Laceration	
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				П	nfection	□ Re	tained I	Products	
								_		_			
Pathological examin	ation	If yes, results:							Other (Spec	ajy)			
performed?	ation	if yes, results:											
☐ Yes ■	No							Did this ☐ Yes		1 0 3	esult in	a maternal death?	
		1							, 🗀 111	<u> </u>			
				of Termin	ation Procedu	ires							
Donald d. T	i 15			1 ype 0	, 10111111			1 T					
Procedure that Term	inated P	regnancy				Additional P	rocedure t	hat Ten	minated Pi	regnancy			
Medical (Nonsu									Iifepriston Iisoprostol				
Medical (Nonsu									ther (Spec				
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgical)) Sucti	on Curetta	ge			
	cal) Mer	nstrual Aspiration					(Surgical)) Mens	trual Aspi				
- Wedlear (Surgio	car) Our	er (Specify)				☐ Medical (Surgical) Other (Specify)							
	-1)	1	11 :			For Medical (Surgical) procedures, answer the following question.							
For Medical (Surgice			• .			For Medical (Surgical) procedures, answer the following question.							
	le or hav No	e a post fertilization	age at least 20	weeks?			tus viable o Yes		a post fert	tilization age at le	ast 20 v	veeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	s.	If the previou	ıs questior	n was a	nswered ye	es, complete the fe	ollowin	g questions.	
	n the bes	st opportunity to surv	vive?				tus given ti Yes		opportunit	ty to survive?			
What was the basis	s for dete	ermination that the p	regnant woman	n had a condi	ition					hat the pregnant v			
that required the property woman?	rocedure	to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the proc	edure t	o avert dea	ath or serious impa	airment	to the pregnant	
Data 1	mas = 1			Di	anti:	of seed of	Jan avec 1		n · c	mtilianti- °	ha C	o (in west)	
Date last normal me	_	an 01/2016		rnysician	esumate	of gestation (ın weeks)		Post fe	rtilization age of	he fetu 4	s (in weeks)	
How were the gestat	ional ag	e and post fertilization	on age determin	ned?					1				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	_											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip o	code)							
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/26/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTOR	O (PPC		1 SOUTH COLL	EGE C	City or t	own, of pregna	ncy terminati MINGTON	on	County of pregnancy termination MONROE			
Patient's age**	Marri	ed □ Yes ■ No	Date of pregn		tion	Educa	tion	Poo	halor's Degree			
Race	or Ala	aska Native [Asian White	06/23/2016 Black of Other	r Africa	an American	Unknow Number no	Ethnicit Hisp Not	helor's Degree yanic or Latino Hispanic or Latino 0			
Other Terminations:	N	Number of spontaneou					Number of	induced term	inations			
Dates of terminations		ot include this termina	tion. If more t	than six (6), th	iose mo	ost recent.)			0			
1		2	3			4	:	5	6			
Fetus delivered alive? Yes No		If yes, length of tin	ne fetus surviv	ved:				_	ication(s) of Pregnancy Termination			
							•	None	☐ Uterine Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:] Hemorrha	ge Cervical Laceration			
☐ Yes ■ No	O							Infection	☐ Retained Products			
								Other (Spe	ecify)			
Pathological examinat performed?	ion	If yes, results:										
Yes N	o								ion of pregnancy result in a maternal death?			
								Yes I N	NO			
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone												
Medical (Nonsurg							(Nonsurgical (Nonsurgical					
Medical (Nonsurg	gical)	Other (Specify)				☐ Medical	(Nonsurgical) Other (Spe	cify)			
Medical (Surgical		ction Curettage					(Surgical) Su (Surgical) M					
Medical (Surgical						☐ Medical ☐ Medical	(Surgical) N (Surgical) O	ther (<i>Specify</i>)))			
For Medical (Surgical)) proc	edures, answer the fol	lowing questic	on.		For Medical	(Surgical) pro	cedures, ansv	wer the following question.			
Was the fetus viable	or ha	ve a post fertilization a	ige at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?						
☐ Yes ■							Yes		C			
If the previous questio	n was	answered yes, comple	ete the followi	ng questions.		If the previou	is question wa	as answered y	ves, complete the following questions.			
Was the fetus given t		est opportunity to survi	ve?				us given the b Yes No		ity to survive?			
		ermination that the pro							that the pregnant woman had a condition			
		e to avert death or serie							eath or serious impairment to the pregnant			
Date last normal mens	es he	gan		Physician e	estimate	e of gestation (i	in weeks)	Post f	ertilization age of the fetus (in weeks)			
	04	/25/2016				9		1 031 1	7			
How were the gestatio	nal ag	ge and post fertilization	n age determin	ned?								
CETTAGOOND												
Full name of physician		orming termination										
DR. CAROL DELLIN	perfor	-		t, city, state, a	ınd zip	code)						
200 S. MERIDIAN ST	T, INE	DIANAPOLIS, IN 462	225									
**Date Reported to	DCS	, if Patient under 14	(month, day,	year):					_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	GE City or town, of pregnancy termination County BLOOMINGTON					ncy termination ONROE			
Dationt's age **			Date of	annay tam:-	tion	Fd	tion						
Patient's age** 24	Mari	ied ☐ Yes ■ No		nancy terminat 06/23/2016	иоп	Educat	HOH		thool Diploma or GE	D			
Race American Indiana Native Hawaiian			☐ Asian ■ White	☐ Black or ☐ Other	r Afric	an American	Unknown		spanic or Latino ot Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Number now						
Other Termination	s:	Number of spontaneou		1			Number of ir	iduced ter					
Dates of termination 1. 03/10/2015	is (Do	not include this termino 2. UNKNOWN		than six (6), th		ost recent.)	5.		6				
Fetus delivered alive		If yes, length of tir							olication(s) of Pregnan	acy Termination			
Yes I	No						•	None	☐ Uter	ine Perforation			
F. 110		TC : 11 1: 1	<u> </u>					Hemorrh	age 🔲 Cerv	vical Laceration			
Fetus viable? Yes I	No	If viable, medical i	reason for term	nination:				Infection	Reta	ined Products			
								Other (S _I	pecify)				
Pathological examination	ation	If yes, results:						. 1					
performed?	Nο						D:44	nis termin	ation of pregnancy rec	ult in a maternal death?			
	- 10								No No	un in a maternal death?			
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsu							(Nonsurgical)						
Medical (Nonsu Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)					(Nonsurgical) (Nonsurgical)						
Medical (Surgic	cal) Si	iction Curettage				Medical	(Surgical) Suc	ction Cure	ttage				
	cal) M	enstrual Aspiration				☐ Medical	(Surgical) Me (Surgical) Oth	nstrual As	spiration				
Madaletti (Strigite	, o	andr (opecigy)											
For Medical (Surgical	al) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viabl	le or h	ave a post fertilization a	2 1			Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [_	Yes No						
		s answered yes, compl		ng questions.					l yes, complete the fol	lowing questions.			
	n the b	est opportunity to surv	ive?				us given the be Yes \text{No}	st opportu	unity to survive?				
		etermination that the pr							n that the pregnant wo				
woman?	oceau	re to avert death or seri	ous impairmei	iii to the pregn	idiil	woman?	a me procedur	e to avert o	death or serious impai	iment to the pregnant			
Date last normal mer		•		Physician es	stimate	e of gestation (i	n weeks)	Post	fertilization age of th	· · · · · · · · · · · · · · · · · · ·			
How were the gestat		4/25/2016 Ige and post fertilization	n age determir	ned?		8			6				
ULTRASOUND		ross returnation											
Full name of physici DR. CAROL DELLI													
Address of physician	n perfo	rming termination (nun		et, city, state, a	ınd zip	code)							
200 S. MERIDIAN S	ST, IN	DIANAPOLIS, IN 462	225										
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):									

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON) (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or t	own, of pregna	•			County of pregn.	ancy to			
Patient's age** 26	Marr	ied □ Yes ■ No	Date of pregn	nancy termina 06/23/2016		Educa	tion		Some Co	llege, No Degre	e			
Race American Indiana o Native Hawaiian o	r Oth	er Pacific Islander	Asian White	Black of Other	or Afric	an American		known er now d	☐ Not H	nic or Latino lispanic or Latino		Unknown		
Live Births:		Number now living	2							0				
Other Terminations:		Number of spontaneous	0				Numb	er of indi	uced termir	nations 0				
Dates of terminations	(Do i	not include this termina	•	than six (6), t	hose m	ost recent.)		E		ć				
Fetus delivered alive? Yes No)	If yes, length of tin		ved:		4			•	ation(s) of Pregna	•			
									None	_		erforation		
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🗌 Cei	vical I	Laceration		
☐ Yes ■ No)							☐ I	nfection	Ret	ained	Products		
									Other (Spec	ify)				
Pathological examination performed?	ion	If yes, results:												
Yes No	o										sult in	a maternal death?		
								☐ Yes	s 🔳 No)				
				7 0	cæ :									
		.		Type of	1 ermii	nation Procedu								
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsurg									lifepristone Iisoprostol)				
Medical (Nonsurg									ther (Speci	fy)				
Medical (Surgical									on Curettag					
☐ Medical (Surgical ☐ Medical (Surgical		enstrual Aspiration her (Specify)							strual Aspir (Specify)	ation				
_	,	1 327					` "	,	1 337					
For Medical (Surgical)) pro	cedures, answer the following	lowing question	on.		For Medical	Surgica	l) proced	ures, answ	er the following a	uestio	1.		
-	_	ave a post fertilization a				For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
☐ Yes ■		<u>r</u>	<i>G</i>				Yes [
If the previous question	n wa	s answered yes, comple	ete the following	ng questions		If the previou	s questi	on was a	nswered ye	s, complete the fo	llowin	g questions.		
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?				
		etermination that the pro-								nat the pregnant w th or serious impa				
woman?	cedu	te to avert death of serio	ous impairmei	it to the preg	паш	woman?	u uie pro	ocedure i	o averi dea	in or serious impa	iiiiieii	to the pregnant		
Date last normal mens		-		Physician	estimate	e of gestation (i	n weeks	;)	Post fer	tilization age of t	he fetu	s (in weeks)		
How were the gestation		4/27/2016	aga data	l ad?		8				6	3			
ULTRASOUND	nal a	ge and post tertilizatioi	ı age uetermin	icu :										
<u> </u>														
Full name of physician DR. CAROL DELLIN	_	-												
		rming termination (nun		t, city, state,	and zip	code)								
200 S. MERIDIAN ST	ſ, IN	DIANAPOLIS, IN 462	225											
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (BLOOMINGTON					County of preg	nancy MONF		
Dations 2			D-4 C		-4:.	l mi	4:						
Patient's age** 22	Marrie [ed ☐ Yes ■ No	Date of pregr	06/23/2016		Educa	ition			ollege, No Degr	ee		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		⁷ anic or Latino Hispanic or Latin	.0	☐ Unknown	
Live Births:		umber now living	0				Number r			0			
Other Termination	s: N	umber of spontaneou		,			Number o	of indu	iced termi				
Dates of termination			v			st recent.)				0			
I					4	·		5	Complia	cation(s) of Pregr	nancy T	ermination	
Fetus delivered alive		If yes, length of ti	ille fetus surviv	ved:				■ N	•	_	•	Perforation	
								_		_			
Fetus viable?		If viable, medical	reason for term	nination:				∐ H	lemorrhag	e	ervical	Laceration	
Yes •	No							☐ Ir	nfection	☐ R	etained	Products	
									ther (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							id this	termination	on of pregnancy	result in	n a maternal death?	
								Yes	■ No	0			
				Type of	f Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy				Additional Procedure that Terminated Pregnancy							
Medical (Nonsu						(Nonsurgic							
Medical (Nonsu							(Nonsurgic						
						_							
Medical (Surgional Control Contro	ral) Suc	tion Curettage			Medical (Surgical) Suction Curettage								
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical)	Mens	trual Aspi				
Medical (Surgio	cai) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav No	re a post fertilization	age at least 20	weeks?			us viable or Yes 🔲 N		a post fert	ilization age at l	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previou	us question	was ar	nswered ye	es, complete the	followi	ng questions.	
	n the bes	st opportunity to surv	vive?				us given the		opportunit	ty to survive?			
	_	ermination that the p	reanant women	had a condi	tion	_	_		mination (hat the pregnant	Woman	had a condition	
that required the pr		to avert death or ser				that require						nt to the pregnant	
woman?						woman?							
					I.								
Date last normal me	_	an 20/2016		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of	the fet	us (in weeks)	
How were the gestat			on age determin	l ned?		<u> </u>							
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
**Date Reported t	to DCS	if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE									
Patient's age**	Mar	ried No	Date of pregn	nancy termina 06/23/2016		Educa	tion		9th-12	th, No Diploma				
Race American Indiana Native Hawaiian		laska Native [Asian White			an American	☐ Un	known	Ethnicity Hispa	•	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Terminations	s:	Number of spontaneous	s terminations 0	1			Numb	er of ind	uced termin	nations 0				
Dates of terminations	s (Do	not include this termina		than six (6), t	those mo	ost recent.)								
1		2	3			4		5	Complia	eation(s) of Pregnan	av Tamaination			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					•	_				
									None	_	ne Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:				∐ I	Hemorrhage	e ∐ Cerv	ical Laceration			
☐ Yes ■ N	No							☐ I	nfection	Reta	ned Products			
									Other (Spec	cify)				
Pathological examina performed?	ation	If yes, results:												
Yes I	No							Did this	s terminatio	on of pregnancy res	alt in a maternal death?			
								☐ Ye	s 🔳 No)				
											1			
				Type of	f Termii	nation Procedu	res							
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (Nonsur									/lifepriston					
Medical (Nonsur Medical (Nonsur) Misoprostol) Other (Specify)							Aisoprostol Other (Speci					
_ `	U	, (1 33)				_	`	0 /	. 1					
——————————————————————————————————————	1) 0	· · · · · · · · · · · · · · · · · · ·					/G :	1) (1)	- C #					
	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir					
Medical (Surgical	al) C	ther (Specify)				Medical (Surgical) Other (Specify)								
						_								
For Medical (Surgica	l) pro	ocedures, answer the following	lowing question	on.		For Medical	Surgica	ıl) procec	lures, answ	er the following que	estion.			
		ave a post fertilization a	ige at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
☐ Yes ☐	」 No	•					Yes [」No						
If the previous questi	on w	as answered yes, comple	ete the followi	ing questions.	-	If the previou	s questi	ion was a	nswered ye	es, complete the foll	owing questions.			
Was the fetus given Yes		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?				
	_	etermination that the pro	eanant woman	n had a condit	tion	_	_	_	mination th	hat the pregnant wo	man had a condition			
that required the pro		re to avert death or serie				that require					ment to the pregnant			
woman?						woman?								
Date last normal men		egan 5/04/2016		Physician	estimate	e of gestation (i	n weeks	5)	Post fe	rtilization age of the	e fetus (in weeks)			
How were the gestati		age and post fertilization	n age determin	ned?						5				
ULTRASOUND														
	_													
Full name of physicia	_	-												
DR. CAROL DELLIN		orming termination (num	nber and stree	et, citv. state	and 7in	code)								
= -	-	IDIANAPOLIS, IN 462			~~ <i>~</i> ~									
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		LEGE	City or town, of pregnancy termi BLOOMINGTON					, , ,	nancy termination MONROE			
Defice 2			D-4 C		-4:.	l mi	-41						
Patient's age**	Marrie [ed ☐ Yes ■ No	Date of pregr	06/23/2016		Educa	ation	ŀ		ool Diploma or G	ED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	an American	☐ Unk	anown		/ anic or Latino Hispanic or Latino	Unknown		
Live Births:		umber now living						er now d		0			
Other Termination	s: N	umber of spontaneou	us terminations	3			Numbe	er of indu	uced termi				
Dates of termination			v			ost recent.)				0			
Fetus delivered alive		If yes, length of ti			4	1		5	Complic	cation(s) of Pregn	ancy Termination		
Yes I		ii yes, ieligili oi ti	ilie ietus sui viv	veu.				■ N	•	_	erine Perforation		
										_			
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag	_	rvical Laceration		
Yes •	No								nfection	☐ Re	tained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	termination	on of pregnancy r	esult in a maternal death		
								☐ Yes	s • N	0			
				Type of	f Termin	nation Procedu	ires						
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Terr	minated Pr	regnancy			
Medical (Nonsu									lifepriston				
Medical (Nonsu Medical (Nonsu									lisoprostol ther (Spec				
Medical (Surgio	nal) Suc	tion Curattaga				☐ Medical	(Surgica	1) Sucti	on Curetta				
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgica	l) Mens	trual Aspi				
Medical (Surgio	cal) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav ☐ No	re a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	tilization age at le	ast 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.	i.	If the previou	us questic	on was a	nswered ye	es, complete the f	ollowing questions.		
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	ermination that the p	regnant women	n had a condit	tion	_		•'	mination t	hat the precessor v	voman had a condition		
that required the pr		to avert death or ser				that require					airment to the pregnant		
woman?						woman?							
Date last normal me	_	an 01/2016		Physician	estimate	of gestation (in weeks))	Post fe	_	the fetus (in weeks) 4		
How were the gestat			on age determin	ned?		<u> </u>					•		
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
	,,	, 10											
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	 year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					•				
Patient's age**			Date of pregn	anov to-	nation	Educa	tion				1		
18	Maı	ried ☐ Yes ■ No		06/23/2016		Educa	ition	ļ	High Scho	ol Diploma or GEI)		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination		
	NO							• 1	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	maasan fan tamm	in ation.				□ I	Hemorrhage	e	ical Laceration		
Yes I	No	ii viable, medicai	reason for term	imation:					nfection	☐ Retai	ned Products		
									Other (Spec	— ::6:)			
Pathological examin	ati an	If yes, results:							Julei (Spec	<i>(1)</i>			
performed?	ation	ii yes, iesuits.											
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?		
								☐ Ye	S 🛅 NO)			
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
■ Medical (Nonsu									//////////////////////////////////////				
Medical (Nonsu		l) Misoprostol l) Other (Specify)							Misoprostol Other (Speci				
		i) omer (speedy)					(1101100		outer (spee)	957			
		uction Curettage Ienstrual Aspiration				☐ Medical	(Surgic	al) Sucti	on Curettag	ge ration			
Medical (Surgio						☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgice	al) pr	ocedures, answer the fo	llowing questio	n .		For Medical	(Surgice	al) proced	lures answ	er the following que	ection		
						For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the fetus viable Yes [have a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	c	If the previou	ıs anesti	ion was a	nswered ve	es, complete the foll	owing questions		
1				ng questions	·	•	•		•	•	owing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes 🏻 🖺	_	opportunit	y to survive?			
What was the besis	ford	etermination that the pr	eanant women	had a cond	ition	_		_	mination 4	hat the present was	nan had a condition		
that required the pr		ire to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
						<u> </u>							
Date last normal men	ises t	egan		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)		
TT -3		05/04/2016	• .	10		7				5			
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ied !									
22110100014D													
Full name of physici	an no	rforming termination									1		
DR. CAROL DELLI	-	rforming termination R											
	-	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		_EGE (City or town, of pregnancy te BLOOMINGT					County of preg	nancy i			
Dations 2			D-4 C		-4:-	I m i							
Patient's age** 23	Marrie [ed ☐ Yes ■ No	Date of pregr	06/23/2016		Educa	ition			ollege, No Degr	ee		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unkno	own		/ anic or Latino Hispanic or Latin	0	☐ Unknown	
Live Births:		umber now living	0				Number			0			
Other Termination	s: N	umber of spontaneou		<u> </u>			Number	of indu	iced termi				
Dates of termination			v	, ,,		st recent.)				0			
I					4	l		5	Complia	cation(s) of Pregn	ancy T	Permination	
Fetus delivered alive		If yes, length of ti	ille fetus surviv	ved:				■ N	•	_	•	Perforation	
										_			
Fetus viable?		If viable, medical	reason for term	nination:				∐ H	Iemorrhag	e ∐ Co	ervical	Laceration	
Yes I	No								nfection	☐ Re	etained	Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No						D	Did this	termination	on of pregnancy i	esult in	n a maternal death?	
								Yes	■ No	0			
				Type of	f Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy				Additional P	rocedure th	nat Terr	minated Pr	regnancy			
Medical (Nonsu							(Nonsurgi						
Medical (Nonsu							(Nonsurgion (Nonsurgion)						
Medical (Surgional Control Contro	ral) Suc	tion Curettage				☐ Medical	(Surgical)	Suction	on Curetta	ge			
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical)	Mens	trual Aspi				
Medical (Surgio	cai) Oth	er (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav No	re a post fertilization	age at least 20	weeks?			us viable o Yes 🔲 1		a post fert	tilization age at le	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.	i.	If the previou	is question	was aı	nswered ye	es, complete the f	followi	ng questions.	
	n the bes	st opportunity to surv	vive?				us given th		opportunit	ty to survive?			
	_	ermination that the p	regnant women	n had a condit	tion	_	_		mination t	hat the pregnant	woman	had a condition	
that required the pr		to avert death or ser				that require						nt to the pregnant	
woman?						woman?							
				I w					1-				
Date last normal me	_	an 01/2016		Physician	estimate	of gestation (in weeks)		Post fe	rtilization age of	the fet	us (in weeks)	
How were the gestat													
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER												
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
**Date Reported t	to DCS	if Patient under 1	4 (month, day,	year):						_			

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON					County of pregnan	cy termination DNROE			
Patient's age**	3.4	wind.	Date of pregn	ancy termin	nation	Educa	ntion						
26	Mar	ried ☐ Yes ■ No		06/23/2016		Educa	OII		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black ☐ Other	or Afric	an American		ıknown	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termin	nations 3			
Dates of termination 1. UNKNOWN	s (Do	not include this termin	ation. If more th		those mo	ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnand	y Termination		
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation		
								I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:				Пі	nfection	□ Retai	ned Products		
	.10										ned i foducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No								s terminatio	on of pregnancy resu	alt in a maternal death?		
								☐ Ye	s 🔳 No	0			
				Туре о	f Termii	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
☐ Medical (Nonsu	ırgical) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
	ırgical					☐ Medical	(Nonsu	rgical) N	Misoprostol Other (Speci				
intedical (Nollsu	irgical) Other (<i>specify</i>)				Wiedicai	(Nonsu	irgicai) (omer (speci	ijy)			
Medical (Surgio									on Curettag				
Medical (Surgio		Ienstrual Aspiration ther (Specify)							strual Aspii r (<i>Specify</i>)	ration			
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
	le or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	S.	If the previou	us questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
What was the basis	s for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he hasis	for deter	mination th	hat the pregnant wor	nan had a condition		
that required the pr		re to avert death or ser				that require					ment to the pregnant		
woman?						woman?							
Date last normal men		•		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)		
How were the costat		4/10/2016	n aga datarmin	ed?		11				9			
ULTRASOUND	Iow were the gestational age and post fertilization age determined? LTRASOUND												
Full name of physici DR. CAROL DELLI	_	-											
	-	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	si, ΙΝ	IDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

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Patient's age** 32	Mar	ried Yes No	Date of pregn	nancy termina 06/23/2016		Educa	tion		Mas	ter's Degree				
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black o	or Africa	an American	☐ Unl		☐ Not H	nic or Latino lispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Numbe	er now d	eceased	0				
Other Terminations	:	Number of spontaneou	s terminations 0				Numbe	er of ind	uced termir	nations 2				
Dates of terminations 07/20/2015	(Do	not include this termina _{2.} UNKNOWN	tion. If more to	than six (6), t	those mo	ost recent.)		5		6				
Fetus delivered alive	?	If yes, length of tin		ved:		4		3	Complic	ation(s) of Pregnan	cy Termination			
☐ Yes ■ N	lo							■ N	None	☐ Uter	ne Perforation			
E		TC : 11 1: 1	· · ·	• .•				□ I	Hemorrhage	e 🔲 Cerv	ical Laceration			
Fetus viable? Yes N	lo	If viable, medical r	eason for term	iination:				☐ I	nfection	☐ Reta	ned Products			
									Other (Spec	ify)				
Pathological examina	tion	If yes, results:												
performed? ☐ Yes ■ N	Мо							Did this	terminatio	on of pregnancy res	ult in a maternal death?			
								☐ Yes						
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
Medical (NonsurMedical (NonsurMedical (Nonsur	gical						(Nonsur	gical) M	Tifepristone Tisoprostol Other (Speci					
Medical (Surgical Medical Medical (Surgical Medical Medical (Surgical Medical Medi	al) N	Ienstrual Aspiration												
For Medical (Surgica	l) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) procedures, answer the following question.								
Was the fetus viable ☐ Yes ☐		ave a post fertilization a	ige at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?								
		as answered yes, comple	ete the following	ng questions	s.	_	Yes s question	_	nswered ye	s, complete the following	owing questions.			
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us given Yes		opportunit	y to survive?				
		etermination that the progre to avert death or serious									man had a condition ment to the pregnant			
Date last normal men	ses h	egan		Physician	estimate	e of gestation (i	n weeks)	Post fer	tilization age of the	e fetus (in weeks)			
	C	5/08/2016			Joannan	6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	2 050 101	4				
How were the gestation	low were the gestational age and post fertilization age determined?													
SETTAGOUND														
Full name of physicia DR. CAROL DELLIN	_	-												
= -	_	orming termination (num IDIANAPOLIS, IN 462		t, city, state,	and zip	code)								
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):													

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DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		.EGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy term MONROI					•				
	ı		-			T							
Patient's age** 25	Marrio	ed □ Yes ■ No	Date of pregn	nancy termin 06/23/2016		Educa	ntion			llege, No Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Afric	an American	☐ Unkı	nown		nic or Latino lispanic or Latino	☐ Unknown		
Live Births:		Number now living	0					r now d		0			
Other Termination	s. N	Number of spontaneou					Numbe	r of ind	aced termin	nations			
		ot include this termin	1 ation If more t	than six (6)	those m	ost recent)				0			
ı. 08/16/2012		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complica	ation(s) of Pregnanc	y Termination		
Yes I	No							■ N	Vone	☐ Uteri	ne Perforation		
								П	Iemorrhage	e \square Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				_ _ I	nfection	— □ Patai	ned Products		
l les 🗀 .	NO									_	ned Floducts		
									Other (Spec	ify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No										lt in a maternal death?		
								☐ Yes	■ No)			
				Type o	of Termi	nation Procedu	res						
Procedure that Term	inated F	Pregnancy				Additional P	rocedure t	that Ter	minated Pro	egnancy			
☐ Medical (Nonsu	ırgical)	Mifenristone				☐ Medical	(Nonsurg	pical) M	lifepristone				
☐ Medical (Nonsu	ırgical)	Misoprostol				☐ Medical	(Nonsurg	gical) M	Iisoprostol				
Medical (Nonsu	ırgıcal)	Other (Specify)				Medical	(Nonsurg	gical) C	ther (Speci	fy)			
Medical (Surgio									on Curettag				
☐ Medical (Surgional Description ☐ Medical Description		nstrual Aspiration ner (Specify)							trual Aspir (Specify)	ation			
	,	(1 00)					` "	,	1 337				
	1)					- 1	(0 1 1)						
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav	ve a post fertilization	age at least 20	weeks?			us viable Yes		a post ferti	lization age at least	20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	s.	If the previou	ıs questio	n was a	nswered ye	s, complete the follo	owing questions.		
Was the fetus give	n the be	st opportunity to surv	rive?			Was the fet	us given t	the best	opportunity	y to survive?			
☐ Yes [,					Yes 🗌		•				
		ermination that the pr									nan had a condition		
that required the programmer woman?	rocedure	e to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	d the prod	cedure t	o avert dea	th or serious impair	ment to the pregnant		
Data last as 1	mag = 1	200		Dk: '	oot!	o of at' '	in an ext		D C	tiliantic Cd	fatus (inL.)		
Date last normal me		gan /01/2016		rnysician	estimate	e of gestation (ın weeks)		Post ier	tilization age of the	icius (in weeks)		
How were the gestat		ge and post fertilization	on age determin	ned?									
ULTRASOUND													
Full name of physici	-	orming termination											
DR. CAROL DELLI		ming termination (nu	mher and stree	t city state	and sin	code)							
200 S. MERIDIAN	-	-		ı, cıry, sıare,	, ини ДІР	coue)							
		· · · · · · · · · · · · · · · · · · ·											
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	.EGE	City or t	town, of pregna BLOOM	ancy tern			County of pregnan	cy termination			
Dationt's ag-**	I		Date of	nonovi to	notice:	F.4	ntion						
Patient's age** 26	Marr	ied □ Yes ■ No	Date of pregn	nancy termin 06/23/2016		Educa	auon		Asso	ociate Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numbe	er now d	eceased	0			
Other Termination	ns:	Number of spontaneou					Numbe	er of ind	uced termin				
Dates of termination	ns (Do 1	not include this termin	ation. If more t	than six (6),	those me	ost recent.)	1	5		6			
Fetus delivered alive	e?	If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■	No							■ N	None	☐ Uterii	ne Perforation		
								П	Hemorrhage	e \Box Cervi	cal Laceration		
Fetus viable?	N.T	If viable, medical	reason for term	nination:					C	_			
☐ Yes ■ 1	No							□ I	nfection	☐ Retaii	ned Products		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this			lt in a maternal death?		
								☐ Yes	s 🔳 No)			
				Туре	of Termin	nation Procedu	ires						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu	ırgical)	Mifepristone				☐ Medical	(Nonsur	gical) N	lifepristone	e			
Medical (Nonsu	urgical)	Misoprostol				☐ Medical	(Nonsur	gical) M	1isoprostol				
Medical (Nonst	urgicai)	Other (Specify)				Medical	(Nonsur	gical) C	Other (Speci	ify)			
Medical (Surgio									on Curettag				
☐ Medical (Surgional Description of the Medical (Surgional Control of the Medical (Surgional Control of the Medical Control of the		enstrual Aspiration her (Specify)							strual Aspir r (<i>Specify</i>)	ration			
						Treaten (Surgicial) Suici (Speetijy)							
For Medical (Surgic	eal) pro	cedures, answer the fo	llowing questic			For Medical (Surgical) procedures, answer the following question.							
			• 1			Was the fetus viable or have a post fertilization age at least 20 weeks?							
Was the fetus viab ☐ Yes [_	ave a post fertilization	age at least 20	weeks?			tus viable Yes		a post fert	ilization age at least	20 weeks?		
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng questions	s.	If the previou	us questi	on was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus give ☐ Yes [est opportunity to surv	vive?				tus given Yes		opportunit	y to survive?			
		termination that the pr	regnant women	had a cond	ition		_	_	mination th	hat the pregnant won	nan had a condition		
that required the pr		e to avert death or ser				that require					nent to the pregnant		
woman?						woman?							
L						<u> </u>							
Date last normal me		-		Physician	estimate	e of gestation (in weeks)	Post fe	rtilization age of the	fetus (in weeks)		
How were the cost-		5/01/2016 ge and post fertilization	n aga data	pad?		6				4			
ULTRASOUND	aonal a	go and post territizatio	ni age uetermin	icu :									
Full name of physici	_	-											
		rming termination (nu	mber and stree	t, city, state,	, and zip	code)							
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225										
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	EGE	City or town, of pregnancy termination BLOOMINGTON					County of pregnar	ncy termination ONROE			
Patient's age**	•	.,	Date of pregn	ancy termin	nation	Educa	tion						
Patient's age** 23	Maı	ried □ Yes ■ No		1ancy termin 06/23/2016		Educa	ui0II		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black	or Afric	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation		
									Hemorrhage	e 🔲 Cerv	ical Laceration		
Fetus viable?	N.O.	If viable, medical	reason for term	nination:					infection	— □ Potei	ned Products		
☐ Yes ■ I	NO									_	ned Products		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did thi	s terminatio	on of pregnancy resi	alt in a maternal death?		
					☐ Yes ■ No								
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancv			
										•			
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
Medical (Surgional Control Contro	2 (In	uction Curettage				☐ Madical	(Surgio	cal) Suction Curettage					
☐ Medical (Surgio	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	al) C	Other (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
	_	nave a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No		age at least 20	weeks:			Yes [_	a post tert	mzation age at least	20 Weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng auestions	S.	If the previou	ıs auesti	ion was a	nswered ve	es, complete the foll	owing questions.		
				ng question			_		-	-	owing questions.		
Was the fetus giver ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
What was the besi-	for -	etermination that the pr	eanont woma-	had a acmi	ition	_		_	mination 4	nat the present we	nan had a condition		
		ire to avert death or ser									ment to the pregnant		
woman?						woman?							
Date last normal men	ises t	egan		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)		
	(04/24/2016				9				7	·		
_	ional	age and post fertilization	n age determin	ned?									
ULTRASOUND	JINDOUND												
	-	rforming termination					-			·			
DR. CAROL DELLI		Corming termination (number of the contraction)	mher and stree	t city state	and zin	code)							
	-	NDIANAPOLIS, IN 46		., сиу, мше,	, ини хір	couc)							
**Data Danceted	0 DC	S if Dationt we don't	1 (m and) 1	mage!									
Date Reported t	υDC	S, if Patient under 1	+ (montn, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON) (PP		1 SOUTH COLL	.EGE	City or town, of pregnancy termination BLOOMINGTON					County of pregna	ancy termination MONROE			
Patient's age**	Marr	ied □ Yes ■ No	Date of pregn	nancy termina 06/23/2016		Educa	tion		High Scho	ol Diploma or GI	ED			
Race American Indiana		aska Native [☐ Asian ■ White			an American	☐ Un	known	Ethnicity Hispa					
Live Births:	1	Number now living	0				Numb	er now d	eceased	0				
Other Terminations:		Number of spontaneous	s terminations 0				Numb	er of ind	aced termin	nations 0				
Dates of terminations	(Do 1	not include this termina		than six (6), t	hose me	ost recent.)								
1		2				4		5	Complia	ation(s) of Pregna	nov Tompination			
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus surviv	ved:				_ ,	•	_	·			
									None		rine Perforation			
Fetus viable?		If viable, medical r	eason for term	nination:				l l	Hemorrhage	e 🗌 Cer	vical Laceration			
☐ Yes ■ No)							☐ I:	nfection	Ret	ained Products			
									Other (Spec	rify)				
Pathological examination performed?	ion	If yes, results:												
Yes No	0							Did this	terminatio	on of pregnancy re	sult in a maternal death?			
								☐ Yes	s 🔳 No)				
											1			
Type of Termination Procedures														
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy														
☐ Medical (Nonsurg									lifepristone					
☐ Medical (Nonsurg									lisoprostol other (Speci					
_ ` `	,	(1 33)				_	`	<i>U</i> ,	· 1					
- M 1: 1/0 : 1	I) G	· · · · · · · · · · · · · · · · · · ·					/G :	1) (1	- C #					
	() M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir					
Medical (Surgical	l) Ot	her (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgical)) pro	cedures, answer the following	owing question	on.		For Medical (Surgical) procedures, answer the following question.								
		we a post fertilization a	ige at least 20	weeks?					a post fert	ilization age at lea	st 20 weeks?			
☐ Yes ■	No					<u> </u>	Yes [」No						
If the previous question	n wa	s answered yes, comple	ete the following	ng questions.	•	If the previou	s questi	ion was a	nswered ye	es, complete the fo	llowing questions.			
Was the fetus given t ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?				
What was the basis for	or de	termination that the pro	egnant woman	had a condit	tion	What was th	ne basis	for deter	mination th	nat the pregnant w	oman had a condition			
that required the prod		e to avert death or serie				that require					irment to the pregnant			
woman?						woman?								
Date last normal mens		gan 1/23/2016		Physician	estimate	e of gestation (i	n weeks	5)	Post fe	•	he fetus (in weeks)			
How were the gestational age and post fertilization age determined?														
ULTRASOUND	TRASOUND													
Full name of physician DR. CAROL DELLIN	-	-		·					· · · · · · · · · · · · · · · · · · ·					
Address of physician p			nber and stree	t, city, state,	and zip	code)								
200 S. MERIDIAN ST		-		·										
**Date Reported to	DCS	S, if Patient under 14	(month, day,	year):						-				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	.EGE	City or t	town, of pregna BLOOM	ancy term			County of pregnand	cy termination			
	1		-			T							
Patient's age** 36	Marri	ied □ Yes ■ No	Date of pregn	nancy termin 06/23/2016		Educa	tion	ŀ		ol Diploma or GED)		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Unk	anown		nic or Latino Iispanic or Latino	☐ Unknown		
Live Births:		Number now living						er now d		0	_		
Other Termination	ıs:	Number of spontaneou	is terminations				Numbe	er of ind	uced termin	nations			
		not include this termin 2 UNKNOWN	ation. If more t	than six (6),	those m	ost recent.)				2			
Fetus delivered alive	a?	If yes, length of ti	me fetus surviv	red:		4		5	Complic	ation(s) of Pregnanc	y Termination		
Yes Yes		if yes, length of the	ine retus surviv	cu.				■ N		_	ne Perforation		
								П	Hemorrhage	e \square Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:					nfection	_	ned Products		
l les 🗀 .	NO							_		_	led Floducts		
									Other (Spec	ify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No										lt in a maternal death?		
								☐ Yes	s 🔳 No)			
				Type o	of Termi	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pro	egnancy			
☐ Medical (Nonsu	urgical)	Mifepristone				☐ Medical	(Nonsur	gical) M	lifepristone	e			
Medical (Nonsu		Misoprostol Other (Specify)				☐ Medical	(Nonsur	gical) M	Aisoprostol Other (Speci				
Wiedlear (Tonse	argicar)	Other (Specify)				Wiedicar	(140fisur	gicai) C	ther (speci	997			
Medical (Surgio		ction Curettage enstrual Aspiration							on Curettag strual Aspir				
Medical (Surgio									r (Specify)	ation			
For Medical (Surgic	al) proc	cedures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or ha	we a post fertilization	age at least 20	weeks?			us viable Yes		a post ferti	ilization age at least	20 weeks?		
		s answered yes, comp	lete the followi	ng questions	S.	_			nswered ve	s, complete the follo	owing questions.		
		est opportunity to surv		o 1	-		_		-	y to survive?			
☐ Yes [*					Yes		'				
		termination that the pr								nat the pregnant won			
woman?	rocedur	re to avert death or ser	ious impairmer	nt to the preg	gnant	woman?	d the pro	cedure t	o avert dea	th or serious impairi	ment to the pregnant		
Date last normal me	ngas ha	gan		Physician	ectimat	e of gestation (in waaba)	Dost for	tilization age of the	fetus (in weeks)		
Date last normal me		gan 5/11/2016		inysician	comial	e or gestation ()	in weeks,	,	1 081 161	runzation age of the	ious (iii weeks)		
How were the gestat	tional a	ge and post fertilization	on age determin	ned?					ı				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	-	-											
	-	rming termination (nu. DIANAPOLIS, IN 46		t, city, state,	, and zip	code)							
	, ,												
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):									

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PLANNÉD PARENTHO	Facility Name and Address LANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE VENUE, BLOOMINGTON, IN, 47403						City or town, of pregnancy termination BLOOMINGTON County of pregnan MC							
Patient's age**			Date of pregn	nanov tomo:	ation	Educa	tion							
24	Mar	ried □ Yes ■ No		1ancy termin 06/23/2016		Educa	non	ı	High Scho	ol Diploma or Gl	ED			
Race American Indian Native Hawaiian			Asian White	■ Black □ Other	or Afric	an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination 04/04/2014	s (Do	not include this termin		than six (6),		ost recent.)		5		6				
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregna	ncy Termination			
☐ Yes ■	No								None	☐ Ute	erine Perforation			
T		XC : 11						□ I	Hemorrhage	e 🔲 Cer	vical Laceration			
Fetus viable? Yes 1	No	If viable, medical	reason for term	nination:				П	nfection	☐ Ret	ained Products			
									Other (Spec	_				
Pathological examin	ation	If yes, results:							Julei (Spec	ujy)				
performed?	ation	ir yes, results.												
☐ Yes ■	No							Did this			sult in a maternal death?			
				Туре о	of Termin	nation Procedu	res							
Procedure that Term	inated	Pregnancy		-		Additional P	rocedure	that Ter	minated Pr	eonancy				
☐ Medical (Nonsu☐ Medical (Nonsu☐	ırgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	Aifepristone Aisoprostol					
☐ Medical (Nonsu	ırgica) Other (Specify)				☐ Medical	(Nonsu	rgical) C	Other (Speci	ify)				
		uction Curettage							on Curettag					
☐ Medical (Surgion Med		Ienstrual Aspiration other (Specify)							strual Aspir r (Specify)	ration				
_ , ,														
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing questio			For Medical (Surgical) procedures, answer the following question.								
_	_					Was the fetus viable or have a post fertilization age at least 20 weeks?								
	e or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at lea	st 20 weeks?			
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	S.	If the previou	ıs questi	on was a	nswered ye	es, complete the fo	ollowing questions.			
Was the fetus give: ☐ Yes [pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?				
		etermination that the pr									oman had a condition			
that required the property woman?	ocedu	ire to avert death or ser	ious impairmen	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impa	irment to the pregnant			
Date last normal me	ncec L	egan		Physician	ectimot	e of gestation (in wool-	-)	Doct for	rtilization acc of t	he fetus (in weeks)			
Date last normal me		egan 4/27/2016		inysiciali	camial	11	WEEKS	•/	1 051 161	_	e letus (<i>in weeks)</i>			
How were the gestat	ned?													
ULTRASOUND														
Full name of physici	_	-												
DR. CAROL DELLI			mhan and -to-	t ait: "1"	an I -:	anda)								
	-	orming termination (num IDIANAPOLIS, IN 46		ı, спу, state,	ана zīp	coue)								
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_				

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		LEGE	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE									
Detical and			D-/ C		-4:	1	-4: -						
Patient's age** 23	Marrie [ed ☐ Yes ■ No	Date of pregr	06/23/2016		Educa	ation	ŀ		ool Diploma or G	SED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unk	nown		y anic or Latino Hispanic or Latin	0	Unknown	
Live Births:		umber now living						r now d		0			
Other Termination	s: N	umber of spontaneou		3			Numbe	er of indu	uced termi				
Dates of termination			•			st recent.)				0			
I					4	l		5	Complia	cation(s) of Pregn	ancy T	Permination	
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				■ N	•	_	•	Perforation	
										_			
Fetus viable?		If viable, medical	reason for term	nination:				∐ F	Hemorrhag	e 📙 Co	ervical	Laceration	
Yes •	No								nfection	☐ Re	etained	Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	termination	on of pregnancy i	esult in	n a maternal death?	
								☐ Yes	s I N	0			
				Type of	f Termin	ation Procedu	res						
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Terr	minated Pr	regnancy			
Medical (Nonsu									lifepriston				
Medical (Nonsu Medical (Nonsu									lisoprostol other (Spec				
Medical (Surgio	ral) Suc	tion Curettage				☐ Medical	(Surgica	1) Sucti	on Curetta	ge			
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgica	l) Mens	trual Aspi				
Medical (Surgio	car) Oth	er (<i>Specify</i>)				Medical (Surgical) Other (Specify)							
						For Medical (Counical) presenting angular the following question							
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	le or hav No	e a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	tilization age at le	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	s.	If the previou	us questio	on was a	nswered ye	es, complete the f	followi	ng questions.	
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	ermination that the p	regnant woman	n had a condi	tion	_	_		mination t	hat the pregnant	WOman	had a condition	
that required the pr		to avert death or ser				that require						nt to the pregnant	
woman?						woman?							
				I m	•				1-				
Date last normal me	_	an 09/2016		Physician	estimate	of gestation (in weeks)		Post fe	ertilization age of	the fet	us (in weeks)	
How were the gestat					1								
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH - VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PI	PCSI) (MONROE CO.) - 4	.EGE	City or town, of pregnancy termination County of pregnancy termination BLOOMINGTON MONROE					•		
			T =								,
Patient's age** 24	Mai	ried Yes I No	Date of pregn	nancy termin 06/23/2010		Educ	ation	ŀ		ool Diploma or GE	ED
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ☐ White	■ Black □ Other		an American		nknown	Not I	7 anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	1				Num	ber now d	eceased	0	
Other Termination	s:	Number of spontaneo	us terminations				Num	ber of ind	uced termin	nations 0	
Dates of termination 1. UNKNOWN	s (Do	not include this termin	nation. If more t	than six (6),	those me	ost recent.)	<u> </u>	5		6	
Fetus delivered alive	?	If yes, length of t	ime fetus surviv	ved:					Complic	cation(s) of Pregna	ncy Termination
☐ Yes ■ I	No							■ N	None	☐ Ute	rine Perforation
									Hemorrhag	e \square Cer	vical Laceration
Fetus viable? Yes I	N.	If viable, medical	reason for term	nination:						_	
☐ Yes ■ I	NO								nfection	_	ained Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No										sult in a maternal death?
								☐ Yes	s 🔳 No	0	
				Type	of Termi	nation Proced	ıres				
Procedure that Term	inated	l Pregnancy				Additional l	rocedui	re that Ter	minated Pr	regnancy	
☐ Medical (Nonsu	ırgica	l) Mifepristone				☐ Medica	l (Nonsi	urgical) M	lifepriston	e	
☐ Medical (Nonsu	ırgica	l) Misoprostol				☐ Medica	l (Nonsi	urgical) M	1isoprostol	Į.	
☐ Medical (Nonsu	ırgıca	l) Other (Specify)				☐ Medica	I (Nonsi	urgical) C	Other (Spec	rify)	
		uction Curettage							on Curetta		
☐ Medical (Surgional Description ☐ Medical (Surgion ☐ Medical Description ☐ Medical Description		Menstrual Aspiration Other (Specify)						cal) Mens cal) Other	strual Aspin r (Specify)	ration	
_ , ,		1 007						,			
	-1\	1	.11				(C:	. 1\		41 f-11:	
		ocedures, answer the fo	• .				_	_		er the following qu	
	le or l	nave a post fertilization	age at least 20	weeks?			tus viab Yes [a post fert	tilization age at lea	st 20 weeks?
If the previous quest	ion w	as answered yes, comp	olete the following	ng question	ıs.	If the previo	us ques	tion was a	nswered ye	es, complete the fo	llowing questions.
Was the fetus given ☐ Yes ☐		best opportunity to sur	vive?				tus give Yes [opportunit	ty to survive?	
		etermination that the p	regnant women	had a cond	lition	_		_	mination 4	hat the present	oman had a condition
that required the pr		are to avert death or se				that requir					irment to the pregnant
woman?						woman?					
Date last normal men	nses b	pegan		Physician	n estimat	e of gestation	in week	ks)	Post fe	rtilization age of th	ne fetus (in weeks)
TT -3		11				9)				
How were the gestat ULTRASOUND	ional	age and post fertilizati	on age determin	iea !							
2211.000110											
Full name of physici	an ne	rforming termination									
DR. CAROL DELLI	_	-									
= -	-	orming termination (na		t, city, state	, and zip	code)					
	۱۱ , ۱۱	TEIRINA OLIO, IN 40									
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		City or town, of pregnancy termination County of pregnancy termination BLOOMINGTON MONROE									
Dations 2			D-4 C		-4:.	1 52 1	-4:					
Patient's age** 23	Marrie [ed ☐ Yes ■ No	Date of pregr	06/23/2016		Educa	ation			ollege, No Deg	gree	
Race American Indian Native Hawaiian			☐ Asian ■ White	Black o	or Africa	nn American	☐ Unk	cnown		y anic or Latino Hispanic or Lati	no	☐ Unknown
Live Births:	N	umber now living	1				Numbe	er now d	eceased	0		
Other Termination	s: N	umber of spontaneou	us terminations	;			Numbe	er of ind	uced termi			
Dates of termination			v			est recent.)						
Fetus delivered alive		If yes, length of ti			4	l		5	Complic	cation(s) of Pres	nancy '	Termination
Yes •		ii yes, iengui oi u	me retus surviv	veu.				■ 1		_	•	Perforation
					□ Hemorrhage □ Cervical Lacerati							
Fetus viable?		If viable, medical	reason for term	nination:						_		
Yes •	No							∐ I	nfection	∐ I	Retaine	d Products
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										result	in a maternal death?
								☐ Yes	s I N	0		
				T (f Ta:	untion Dur 1	1*00					
				1 ype of	ı ıermin	ation Procedu						
Procedure that Term		•				Additional P	rocedure	that Ter	minated Pi	regnancy		
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol			
Medical (Nonsu									ther (Spec			
Medical (Surgio	cal) Suc	tion Curettage				☐ Medical	l (Surgica	ıl) Sucti	on Curetta	ge		
	cal) Mei	nstrual Aspiration				☐ Medica	l (Surgica	d) Mens	strual Aspi			
- Wedlear (Surgic	our) Our	or (speegy)				Medical (Surgical) Other (Specify)						
For Medical (Surgic	al) proce	edures answer the fo	llowing question	on.		For Medical	(Surgical	l) proced	hires ansu	ver the following	o anesti	- On
	_						_	_			_	
	No	e a post fertilization	age at least 20	weeks?		_	Yes	_	a post teri	tilization age at	ieast 20	weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previo	us questic	on was a	nswered ye	es, complete the	efollow	ing questions.
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?		
What was the basis	s for dete	ermination that the p	regnant woman	n had a condit	tion	What was	the basis t	for deter	mination t	hat the pregnan	t woma	n had a condition
that required the programmer woman?	rocedure	to avert death or ser	ious impairme	nt to the preg	gnant	that require woman?	ed the pro	cedure t	o avert dea	ath or serious in	npairme	ent to the pregnant
Date last normal me	nses hee	an		Physician	estimate	of gestation (in wooks)	Post fo	ertilization age o	of the fo	tus (in wooks)
	01/2016		7	weeks)	, 	1 031 10		5 5	(ar meens)			
How were the gestat	e and post fertilization	_		_								
ULTRASOUND												
Full name of physici	an nerfo	rming termination										
DR. CAROL DELLI	NGER											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS	if Patient under 1	4 (month, day,	year):						_		

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	EGE	GE City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE					*				
Patient's age**	3.7	.:	Date of pregn	nancy termin	nation	Educ	ation						
24	Mai	ried ☐ Yes ■ No		06/23/2016		Lauc			Bach	nelor's Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numl	ber now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numl	ber of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)	1			~			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	ey Termination		
								• 1	None	☐ Uterii	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhag	e 🗌 Cervi	cal Laceration		
☐ Yes ■ I	No							□ I	nfection	☐ Retain	ned Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed?													
☐ Yes ■	No							Did this		on of pregnancy resu	lt in a maternal death?		
				Type o	of Termin	nation Proced	ires						
D 1 1 1 T		I.D.		Турс	и тенни				10				
Procedure that Term	ınateo	Pregnancy				Additional I				•			
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepriston Aisoprostol				
) Other (Specify)							Other (Spec				
Medical (Surgion	al) S	uction Curettage				☐ Medica	l (Surgic	eal) Sucti	on Curetta	ge			
Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	l (Surgio	cal) Mens	strual Aspir	ration			
☐ Medical (Surgio	ai) C	uner (<i>Specify</i>)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question	on.		For Medical	(Surgical	al) proced	lures, answ	er the following que	stion.		
		ave a post fertilization	age at least 20	weeks?					a post fert	ilization age at least	20 weeks?		
☐ Yes [■ No)				Ц	Yes [No					
If the previous quest	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.		
		est opportunity to surv	ive?				_	_	opportunit	ty to survive?			
☐ Yes [_					_	Yes						
		etermination that the pr are to avert death or seri								hat the pregnant wor	nan had a condition ment to the pregnant		
woman?			1	1 .	5	woman?				Ţ.	1 12		
Date last normal men	nses b	egan		Physician	estimate	e of gestation	in week	s)	Post fe	rtilization age of the	fetus (in weeks)		
	5/04/2016				6				4	·			
_	age and post fertilization	ned?											
ULTRASOUND													
Full name of 1 11		formalis a tormal (1)											
Full name of physici DR. CAROL DELLI	-	-											
		orming termination (num	mber and stree	t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 46	225										
**Date Reported t	S, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PF	PCSI) (MONROE CO.) - 42	.EGE	GE City or town, of pregnancy termination County of pregnancy termination MONROE					•				
Patient's age**		1	Date of pregn	nanov tomo:	nation	Educa	tion				1		
18	Mar	ried □ Yes ■ No		06/23/2016		Educa	ition	ļ	High Scho	ol Diploma or GEI			
Race American Indiana Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Terminations	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0			
Dates of terminations	s (Do	not include this termin		than six (6),	those me	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive Yes N		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination		
	10							• 1	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	maasan fan tamm	in ation.				□ I	Hemorrhag	e 🔲 Cervi	cal Laceration		
Yes • N	No	ii viable, medical	reason for term	imation:					nfection	☐ Retai	ned Products		
									Other (Spec	—			
Pathological examina	otion	If yes, results:							Julei (Spec	<i>(1)</i>			
performed?	ation	ii yes, iesuits:											
☐ Yes ■ I	No									on of pregnancy resu	alt in a maternal death?		
								☐ Ye	S 🛅 NO)			
				Type o	of Termin	nation Procedu	res						
Procedure that Termi	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu	rgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	/lifepriston	e			
Medical (Nonsu) Misoprostol) Other (Specify)							Misoprostol Other (Spec				
ivicultur (rvonsu	igica) Other (speetyy)				Wiedican	(140fisti	igicai) C	other (Spee)	99)			
Medical (Surgic						Medical	(Surgic	al) Sucti	on Curetta	ge rotion			
☐ Medical (Surgic		Ienstrual Aspiration ther (Specify)							strual Aspii r (<i>Specify</i>)	ration			
								-					
For Medical (Surgica	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	ıl) procec	lures, answ	er the following que	estion.		
	e or h	ave a post fertilization	age at least 20	weeks?			us viabl Yes [a post fert	ilization age at least	20 weeks?		
	_					_		_					
If the previous questi	ion w	as answered yes, compl	ete the followi	ng questions	S.	If the previou	is questi	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus giver ☐ Yes ☐		est opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?			
						_							
		etermination that the process returns to avert death or seri									nan had a condition ment to the pregnant		
woman?			1	1	<i>y</i>	woman?				1	1 2		
Date last normal mer	ises h	egan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)		
	5/10/2016] =======		5		<u> </u>		3	,			
_	age and post fertilization	n age determin	ned?										
ULTRASOUND													
Full name of physicis	-	-											
		orming termination (num	mber and stree	t, citv. state	and zin	code)							
	-	IDIANAPOLIS, IN 46		.,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/							
**Date Reported to	o DC	S, if Patient under 14	4 (month, day	vear):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC	CSI) (MONROE CO.) - 4: 47403	21 SOUTH COLL	LEGE City or town, of pregnancy termination County of pregnancy termination MONROE				•				
Dotion4's det			Dot- C	2000-1	.ati	T 1	tion					
Patient's age** 29	Marrie [ed Yes No	Date of pregr	06/23/2016		Educat	tion	I so o o	Unknown			
Race American Indian Native Hawaiian			☐ Asian ☐ White	☐ Black o	or Africa	n American	■ Unknown		y anic or Latino Hispanic or Latino	■ Unknown		
Live Births:		Number now living	3				Number now		0			
Other Termination	s: N	Number of spontaneou		1			Number of in	iduced term				
Dates of termination	,	ot include this termin	•			st recent.)						
Fetus delivered alive		If yes, length of ti			4.		5.	Compli	cation(s) of Pregnanc	ry Termination		
Yes I		in yes, length of th	ine retail but viv					None	☐ Uterii	ne Perforation		
							\square	Hemorrhag	e □ Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Infection	_	ned Products		
	INO								_	ned Floducts		
Dath alonical aramin	ation	If you moulton					_ '	Other (Spe	cify)			
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No						Did t			It in a maternal death?		
		1					, u	<u> </u>				
				Type of	f Termina	ation Procedur	res					
Procedure that Term	inated F	Pregnancy		••		Additional Procedure that Terminated Pregnancy						
							(Nonsurgical)					
Medical (Nonsu	ırgical)	Misoprostol				■ Medical	(Nonsurgical)	Misoprosto	ol			
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)			
Medical (Surgio		ction Curettage nstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration						
Medical (Surgio						Medical (Surgical) Mensitual Aspiration Medical (Surgical) Other (Specify)						
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		For Medical ((Surgical) proc	edures, ansv	wer the following que	stion.		
	le or hav	ve a post fertilization	age at least 20	weeks?			us viable or ha Yes	ve a post fer	tilization age at least	20 weeks?		
	_	answered yes, comp	lete the followi	ing questions	3.	_		answered y	res, complete the follo	owing questions.		
	_	st opportunity to surv	vive?				us given the be	st opportuni	ty to survive?			
	」 No					Y	_					
		ermination that the part to avert death or ser							that the pregnant won ath or serious impair			
woman?						woman?						
Date last normal me	-	gan /01/2016		Physician	estimate	of gestation (i	n weeks)	Post fo	ertilization age of the 6	fetus (in weeks)		
How were the gestat		ge and post fertilization	on age determin	ned?				l				
ULTRASOUND												
E-11												
Full name of physici DR. CAROL DELLI	NGER		-									
Address of physician 200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		et, city, state,	and zip c	rode)						
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):					_			

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or t	town, of pregna	•			County of pregna	ancy terminat	ion	
Patient's age** 23	Mar	ried Yes No	Date of pregn	nancy termina 06/23/2016		Educa	tion		Some Co	llege, No Degre	e		
Race American Indiana Native Hawaiian o		her Pacific Islander	Asian White	Black of Other	or Afric	an American		known er now d	☐ Not H	nic or Latino lispanic or Latino	☐ Un	known	
Live Births:		Number now living	0							0			
Other Terminations	:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termir	nations 0			
Dates of terminations	(Do	not include this termina	•	than six (6), t	hose me	ost recent.)							
Fetus delivered alive?		If yes, length of tin		ved:		4		5	Complic	ation(s) of Pregna	ncy Terminat	ion	
L les E N	10							■ N	None	☐ Ute	rine Perforati	on	
Fetus viable?		If viable, medical r	eason for term	nination:				☐ F	Hemorrhage	e 🔲 Cer	vical Lacerati	on	
Yes N	o	ii viable, illedicar i	cuson for term	muion.				□ I	nfection	Ret	ained Product	:s	
									Other (Spec	ify)			
Pathological examina	tion	If yes, results:							_				
performed? ☐ Yes ■ N	Jo.							Did this	terminatio	on of pregnancy re	cult in a mate	rnal death?	
	10							Yes			suit iii a iiiate	mai deam?	
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone													
	gical) Misoprostol					(Nonsu	rgical) M	/lisoprostol				
☐ Medical (Nonsur	gica) Otner (Specify)				Medical	(Nonsu	rgicai) C	Other (Speci	JY)			
Medical (Surgical Medical (Surgical		uction Curettage Ienstrual Aspiration							on Curettag strual Aspir				
Medical (Surgical									r (Specify)	ation			
For Medical (Surgical	l) pro	ocedures, answer the following	lowing question	on.		For Medical	Surgica	al) proced	lures, answ	er the following q	uestion.		
		ave a post fertilization a	age at least 20	weeks?					a post ferti	lization age at lea	st 20 weeks?		
Yes If the previous question		as answered yes, comple	ete the followi	ng questions	_	_	Yes [_	nswered ve	s, complete the fo	llowing quest	ions.	
Was the fetus given	the l	pest opportunity to survi		<i>C</i> 1		If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive?							
☐ Yes ☐						_	Yes [_					
		etermination that the pro- re to avert death or serio								at the pregnant w th or serious impa			
woman?			-			woman?	•						
						<u> </u>							
Date last normal men		-		Physician	estimate	e of gestation (i	n weeks	5)	Post fer	tilization age of the		eeks)	
How were the gestation		5/01/2016 age and post fertilization	age determin	l ned?	9				6	5			
ULTRASOUND	Jual	290 and bost tertilization	i ago ucitiiiiii	iou :									
<u> </u>													
Full name of physicia DR. CAROL DELLIN	_	-											
		orming termination (num	nber and stree	t, city, state,	and zip	code)							
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225										
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE			
		Т						
17 Yes No	nancy termination 06/23/2016	Educa	tion		Grade or Less			
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Africe ■ Other	can American	☐ Un		/ anic or Latino Hispanic or Latino ☐ Unknown			
Live Births: Number now living 0			Numb	er now deceased	0			
Other Terminations: Number of spontaneous terminations 0			Numb	er of induced termin	-			
Dates of terminations (<i>Do not include this termination. If more t</i> 1. 06/14/2014 2. 3.	han six (6), those m	ost recent.)		5	6			
Fetus delivered alive? If yes, length of time fetus surviv	red:			Complic	eation(s) of Pregnancy Termination			
☐ Yes ■ No				None	☐ Uterine Perforation			
Fetus viable? If viable, medical reason for term	nination:			☐ Hemorrhag	e Cervical Laceration			
☐ Yes ■ No				☐ Infection	☐ Retained Products			
				Other (Spec	cify)			
Pathological examination performed? If yes, results:								
☐ Yes ■ No				Did this termination Yes No	on of pregnancy result in a maternal death?			
	Type of Term	ination Procedur	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy			
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol		☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol	e I			
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsu	urgical) Other (Specify)				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgic	al) Suction Curetta al) Menstrual Aspir	ge ration			
Medical (Surgical) Other (Specify)		☐ Medical	(Surgic	al) Other (Specify)				
			· G ·	1) 1	4 6 11			
For Medical (Surgical) procedures, answer the following question				•	ver the following question.			
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		is viabl		illization age at least 20 weeks?			
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.			
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	ty to survive?			
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmer					hat the pregnant woman had a condition ath or serious impairment to the pregnant			
woman?	it to the pregnant	woman?	a the pro	ocedure to avert dea	au or serious impairment to the pregnant			
Data last named mana - h	Dhyoisiss	to of activities (utilization and of the fature ()			
Date last normal menses began 03/29/2016	Physician estimat	te of gestation (i	n weeks 	Post fe	rtilization age of the fetus (in weeks) 10			
How were the gestational age and post fertilization age determin ULTRASOUND	ned?							
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (number and stree	t, city, state, and zip	o code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225								
**Date Reported to DCS, if Patient under 14 (month, day,	year):				_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	EGE	GE City or town, of pregnancy termination County of pregnancy termin MONROE					•				
Patient's age**		. ,	Date of pregn	iancy termin	nation	Educa	tion				
Patient's age** 38	Maı	ried □ Yes ■ No		iancy termin 06/23/2016		Educa	iliOII		Some Co	ollege, No Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black ■ Other		an American	☐ Un	known		unic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	4				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin	ation. If more to	han six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	ation(s) of Pregnan	cy Termination
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation
									Hemorrhage	e 🔲 Cerv	ical Laceration
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ □ □ ı	infection	— □ Patai	ned Products
res 🖭	NO									_	ned Products
									Other (Spec	rify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did thi	s terminatio	on of pregnancy resi	alt in a maternal death?
								☐ Ye)	
											1
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	eonancy	
										•	
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol		
		l) Other (Specify)							Other (Speci		
Madical (Symple	1) 6	uction Curettage				— Madiaal	(Cumaia	al) Cuati	on Curettag		
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration	
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
	e or i	have a post fertilization	age at least 20	weeks?			us viabi Yes [_	a post tert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	ete the followi	na auestions	c	If the previou	is anesti	ion was a	newered ve	es, complete the foll	owing questions
				ng questions	s.	_	_		-	-	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?	
				1 1 2		_		_		, d	1 1 100
		etermination that the parties to avert death or serious									man had a condition ment to the pregnant
woman?			-		-	woman?	_			_	
Date last normal men	ıses t	egan		Physician	estimate	e of gestation (in week	5)	Post fer	rtilization age of the	e fetus (in weeks)
and in the state of the state o)4/20/2016		2 23/ 5201411		9		,	1 330 101	7	((()	
How were the gestat											
ULTRASOUND											
	-	rforming termination									
DR. CAROL DELLI					1 .	I - V					
	-	orming termination (number of the NDIANAPOLIS, IN 46		t, city, state,	, and zip	code)					
	J 1 , 11										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC	SI) (MONROE CO.) - 42 7403	21 SOUTH COLL	.EGE C	City or tow	wn, of pregnar BLOOM	•			County of p	_	y termination NROE
Patient's age**			Date of pregn	ancy terminat	ution	Educat	tion					
31	Marrie	d ■ Yes □ No	1 0	06/23/2016	uton	Educat	iioii		Bach	elor's Degre	ee	
Race American Indiar Native Hawaiiar Live Births:	or Other		Asian White	☐ Black or ☐ Other	r African	American	Unki	nown er now de	■ Not I	nic or Latino Iispanic or L		Unknown
Other Termination	ne. N	umber of spontaneou	0 is terminations				Numbe	er of indu	iced termin	0 nations		
	15.	t include this termin	1		hose most	t recent.)				4		
1. 03/17/2010		UNKNOWN	3. UNKI			UNKNOWN		5L	INKNOW	N	6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	ation(s) of P	regnanc	y Termination
☐ Yes ■	NO							■ N	Ione		Uterin	e Perforation
Fetus viable?		If viable, medical	rasson for tarm	vination:				□ F	Iemorrhag	· 🗆	Cervic	al Laceration
Yes •	No	ii viaoie, ilieuteai	reason for term	illiation.				☐ Iı	nfection		Retain	ed Products
									ther (Spec	ify)		
Pathological examir	nation	If yes, results:							(Y	307		
performed?	N							=				
☐ Yes ■	No							Did this Yes			ncy resul	t in a maternal death?
							•					
Type of Termination Procedures												
Procedure that Term	ninated P	regnancy		, , , , , , , , , , , , , , , , , , ,		Additional Pro		that Terr	ninated Pr	eanancy		
					'							
Medical (Nonsi									lifepriston lisoprostol			
Medical (Nons	urgical)	Other (Specify)			[☐ Medical	(Nonsurg	gical) O	ther (Spec	fy)		
Medical (Surgi	cal) Suc	tion Curettage			<u> </u>				on Curetta			
☐ Medical (Surgi ☐ Medical (Surgi		nstrual Aspiration er (Specify)				☐ Medical ☐ Medical			trual Aspin	ration		
	1)	1 (1 6	11		_	F M P 1/	G : 1)	\ 1		4 6 11		
	_	dures, answer the fo			1	For Medical (0 1	
	ole or hav □ No	e a post fertilization	age at least 20	weeks?		Was the fett		or have No	a post fert	ilization age	at least ?	20 weeks?
If the previous ques	tion was	answered yes, comp	lete the followi	ng questions		If the previous	s auestio	n was ai	nswered ve	s. complete	the follo	wing questions.
				ng questions.	-	•	•			•		wing questions.
was the fetus give		t opportunity to surv	ive?			Was the fetu	is given i les \square		opportunit	y to survive?	,	
What was the basi	s for dete	ermination that the pr	egnant woman	had a conditi	ion	What was th	ne basis f	for deter	mination tl	nat the pregn	ant wom	an had a condition
that required the p woman?	rocedure	to avert death or ser	ious impairmer	nt to the pregn	nant	that required woman?	d the prod	cedure to	avert dea	th or serious	impairn	nent to the pregnant
Wolland.												
Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks)												
Date last normal me	of gestation (ii	n weeks)		Post fe	rtilization ag	e of the	tetus (in weeks)					
How were the gesta					1							
ULTASOUND												
Full name of physic DR. CAROL DELL	INGER				1 .							
Address of physicia 200 S. MERIDIAN	-	ning termination (nu. IANAPOLIS, IN 46		ı, cıty, state, a	ana zip co	oae)						
**Date Reported	to DCS.	if Patient under 1	4 (month, day									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	BLOOMINGTON MONROE				•		
Patient's age**	3.7 .	1	Date of pregr	nancy termina	ation	Educat	tion			
23	Marrio	ed ■ Yes 🗌 No		06/23/2016		Luucai		Ass	ociate Degree	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unknown		y anic or Latino Hispanic or Latino	Unknown
Live Births:	N	Number now living	0				Number now	deceased	0	
Other Termination	s: N	Number of spontaneou	us terminations				Number of in	duced termi	inations 0	
Dates of termination		ot include this termin	v	, ,		st recent.)			<u> </u>	
Fetus delivered alive		If yes, length of ti			4.		5	Compli	cation(s) of Pregnanc	ry Termination
Yes I		if yes, length of th	ille fetus surviv	ved:				None	_	ne Perforation
									_	
Fetus viable?		If viable, medical	reason for term	nination:				Hemorrhag	_	cal Laceration
☐ Yes ■ 1	No							Infection	☐ Retai	ned Products
								Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:								
☐ Yes ■	No						Did th			Ilt in a maternal death?
							1	es <u>- I</u> N	0	
				Type of	f Termin	ation Procedur	es			
Procedure 41-4 T-	inctal T	Prognancy		Type of				uminot- 1 D	ragnanav	
Procedure that Term							ocedure that Te			
Medical (NonsuMedical (Nonsu							(Nonsurgical) (Nonsurgical)			
Medical (Nonsu	ırgical)	Other (Specify)				☐ Medical	(Nonsurgical)	Other (Spec	cify)	
Medical (Surgio							(Surgical) Suc			
Medical (Surgio		nstrual Aspiration ner (Specify)					(Surgical) Mer (Surgical) Oth			
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		For Medical ((Surgical) proce	edures, answ	ver the following que	estion.
		ve a post fertilization	• .						tilization age at least	
	☐ No	o u post retunization	age at reast 20	weens.			Yes No	e a post rei	inization age at reast	20 Weeks
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions.	-	If the previou	s question was	answered y	es, complete the follo	owing questions.
	_	st opportunity to surv	vive?				us given the bes	st opportuni	ty to survive?	
	□ No					Y	_			
		ermination that the part to avert death or ser							that the pregnant wor ath or serious impair	
woman?						woman?				
Date last normal me	-	gan /01/2016		Physician o	estimate	of gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)
How were the gestat		ge and post fertilization	on age determin	ned?					0	
ULTRASOUND										
Full name of physici	NGER									
200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		et, city, state, c	and zip c	rode)				
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Patient's age** Married 43	Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTOR	O (PPC		1 SOUTH COLL	EGE C	City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE						
Autoritional Indiana or Alaska Native	1					tion	Educa	tion	D 1	polorio Dogres		
Date soft terminations Number of spotaneous terminations Number of shoked eterminations Dates of terminations Dates of termination Dates	Race American Indiana Native Hawaiian o	or Ala	ska Native [er Pacific Islander [Asian	☐ Black or	r Africa	an American		Ethnicity Hispa	y anic or Latino		
Other (Formations) Date of Terminations (Power include this remination if more than six (0s, those most recent) Pathoderical diversed alrive?								Number of inc	luced termi			
Fetus delivered alive? Yes No If yes, length of time fetus survived:				0		nose mo	ost recent.)			0		
Pote viable?	1			•			4	5		6		
Some Certicine Perforation Hemorrhage Cervical Lacertation Infection Retuined Products Other (Specify)			If yes, length of tin	ne fetus surviv	ved:				Compli	cation(s) of Pregnancy Termination		
Fetus wisher No									None	☐ Uterine Perforation		
Pathological examination performed? Pathological examination performed? Present Procedure services Procedure that Terminated Pregnancy Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curetage Medical (Surgical) Suction Curetage Medical (Surgical) Menstrual Aspiration Medic	Fetus viable?		If viable, medical r	eason for term	nination:				Hemorrhag	ge Cervical Laceration		
Puthological examination performed? Yes No	☐ Yes ■ No	O							Infection	☐ Retained Products		
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Konsurgical) Misepristone Medical (Konsurgical) Menstral Aspiration Medical (Konsurgical) Menstral As									Other (Spec	cify)		
Type of Termination Procedures Additional Procedure that Terminated Pregnancy	U	ion	If yes, results:									
Type of Termination Procedures Procedure that Terminated Pregnancy Medical (Nonsurgical) Misprostone Medical (Nonsurgical) Misprostol Medical (Surgical) Suction Curettage Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No Medical (Surgical) Procedures, answer dyes, complete the following questions. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Was the fetus given the best opportunity to survive? Yes No Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) Was the fetus given the procedure to avert death or serious impairment to the pregnant woman? Pate last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) Full name of physician performing termination Physician Performing termin	☐ Yes ■ No	О										
Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Medical (Surgical) procedures, answer the following question. Was the fetus given the best opportunity to survive? Yes No No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) A A A A A A A A A									<u> Б</u> 1,			
Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) A A A A A A A A A					Type of	Termii	nation Procedur	res	<u> </u>			
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No No Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? Yes No No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) A Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) Medica	Procedure that Termin	Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) M												
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify) For Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) For Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) Medical (Surgical) Other (Specify) For Medical (Surgical) Other (Specify) Medical (Surgical) Medical (Surgical) Procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Post fertilization age at least 20 weeks? Post fertilization age at least 20 weeks? Post fertilization age of the fetus (in weeks) Medical (Surgical) Procedures answered yes, complete the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Post fertilization age at least 20 weeks? Pos	Medical (Nonsurge	gical)	Misoprostol				☐ Medical	(Nonsurgical)	Misoprosto	1		
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)		Sieur,	Suier (Speegy)					(i toniburgicur)	outer (spec	-957		
Medical (Surgical) Menstrual Aspiration Medical (Surgical) Other (Specify)	Medical (Surgical	1) Suc	ction Curettage				☐ Medical	(Surgical) Suc	tion Curetta	oge .		
For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Yes No If the previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Yes No Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Was the fetus given the best opportunity to survive? Yes No No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began Physician estimate of gestation (in weeks) Post fertilization age of the fetus (in weeks) Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)	☐ Medical (Surgical	l) Me	nstrual Aspiration					(Surgical) Mer	strual Aspi	ration		
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? No The previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? No Yes No No Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? No Yes No No Was the set basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began	Medical (Surgical	i) Oii	ісі (Бресіју)				Wiedicar	(Surgical) Our	ы (Бресцу)			
Was the fetus viable or have a post fertilization age at least 20 weeks? Yes No Was the fetus viable or have a post fertilization age at least 20 weeks? Was the fetus viable or have a post fertilization age at least 20 weeks? No The previous question was answered yes, complete the following questions. Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? No Yes No No Was the fetus given the best opportunity to survive? Was the fetus given the best opportunity to survive? No Yes No No Was the set basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began			- 1	1			E- : M- 4:1	(C:1)	4	and Ellerine medica		
Yes No Yes Yes No Yes No Yes No Yes No No Yes No Yes No No Yes No Yes No No No Yes No No No Yes No No No Yes No No No No No No No N		, 1	•	<i>U</i> 1								
Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Was the fetus given the best opportunity to survive? Yes No What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 05/03/2016 Physician estimate of gestation (in weeks) 6 4 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)			ve a post fertilization a	ige at least 20	weeks?				e a post ter	tilization age at least 20 weeks?		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 05/03/2016 How were the gestational age and post fertilization age determined? ULTRASOUND Physician estimate of gestation (in weeks) 6 Post fertilization age of the fetus (in weeks) 4 ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)	If the previous questio	n was	answered yes, comple	ete the followi	ng questions.		If the previou	is question was	answered y	es, complete the following questions.		
What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 05/03/2016 Physician estimate of gestation (in weeks) 6 4 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)			st opportunity to survi	ve?					t opportuni	ty to survive?		
that required the procedure to avert death or serious impairment to the pregnant woman? Date last normal menses began 05/03/2016 How were the gestational age and post fertilization age determined? ULTRASOUND Physician estimate of gestation (in weeks) 6 Post fertilization age of the fetus (in weeks) 4 Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)			ermination that the pro	egnant woman	n had a conditi	ion	_	_	rmination t	hat the pregnant woman had a condition		
Date last normal menses began 05/03/2016 How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)	that required the pro-						that require					
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)	woman.						woman.					
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)												
How were the gestational age and post fertilization age determined? ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)	Date last normal mens	es bes	gan		Physician e	estimate	e of gestation (i	in weeks)	Post fe	ertilization age of the fetus (in weeks)		
ULTRASOUND Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)		05	/03/2016				-	,		_		
Full name of physician performing termination DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)		nal ag	ge and post fertilization	n age determin	ned?							
DR. CAROL DELLINGER Address of physician performing termination (number and street, city, state, and zip code)												
Address of physician performing termination (number and street, city, state, and zip code)			orming termination									
	Address of physician p	perfor	-		t, city, state, a	ınd zip	code)					
			-,									
	**Date Reported to	DCs	if Patient under 14	(month dan	vaar).							
**Date Reported to DCS, if Patient under 14 (month, day, year):	**Date Reported to	DCS	, if Patient under 14	(month, day,	year):					_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and Ac PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE C	City or t	own, of pregna	ncy term			County of pregn	ancy t	
Patient's age** 25	Mar	ried No	Date of pregn	nancy termina 06/16/2016	ition	Educa	tion		l	Jnknown		
Race American Indiana Native Hawaiian o			☐ Asian ■ White	☐ Black of	r Africa	an American	☐ Unk	nown		nic or Latino Hispanic or Latino		Unknown
Live Births:		Number now living	1				Numbe	er now de	eceased	0		
Other Terminations	:	Number of spontaneous	s terminations 0				Numbe	er of indu	iced termin	nations 1		
Dates of terminations _{1.} 05/30/2013	(Do	not include this termina	tion. If more t	han six (6), th	hose mo	ost recent.)		5.		6.		
Fetus delivered alive?	?	If yes, length of tin		red:					Complic	ation(s) of Pregna	ıncy T	ermination
☐ Yes ■ N	lo							■ N	Vone	☐ Ute	erine P	Perforation
								□ H	Iemorrhage	e 🔲 Cei	vical	Laceration
Fetus viable? ☐ Yes ■ N	In	If viable, medical r	eason for term	nination:					nfection	_		Products
								_		_	unica	Troducts
Doth alogical avamina	tion	If yes, results:							Other (Spec	ufy)		
Pathological examina performed?	uon	if yes, results:										
☐ Yes ■ N	No							Did this			sult ir	a maternal death?
										,		
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone												
☐ Medical (Nonsur	gical) Misoprostol					(Nonsur	gical) M	Iisoprostol			
Medical (Nonsur	rgical) Other (Specify)				☐ Medical	(Nonsur	gical) O	ther (Speci	ify)		
Medical (Surgica									on Curettag			
☐ Medical (Surgical ☐ Medical (Surgical ☐ Medical (Surgical ☐ ☐ Medical (Surgical ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Ienstrual Aspiration ther (Specify)							trual Aspir (Specify)	ation		
For Medical (Surgica	1) pro	ocedures, answer the following	lowing question	on.		For Medical	Surgical) proced	ures, answ	er the following q	 uestio	n.
_	_	ave a post fertilization a					_	_		ilization age at lea		
☐ Yes ■			·6- ··· ···				Yes		- F			
If the previous question	on wa	as answered yes, comple	ete the following	ng questions.		If the previou	s questio	on was ai	nswered ye	es, complete the fo	llowii	ng questions.
Was the fetus given Yes		pest opportunity to survi	ve?				us given Yes 🔲		opportunit	y to survive?		
		etermination that the pro-								nat the pregnant w		
that required the pro- woman?	ocedu	re to avert death or serie	ous impairmer	it to the pregr	nant	that require woman?	d the pro	cedure to	o avert dea	th or serious impa	irmen	t to the pregnant
Date last normal men	ses b	egan		Physician e	estimate	e of gestation (i	n weeks))	Post fer	rtilization age of t	he fett	ıs (in weeks)
**		3/31/2016	•	10		8				(5	
How were the gestation	onal	age and post fertilization	n age determin	ied?								
52110 (OOO)												
Full name of physicia DR. CAROL DELLIN	_	-										
		orming termination (num	nber and stree	t, city, state, o	and zip	code)						
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPC	CSI) (MONROE CO.) - 42 47403	21 SOUTH COLL	EGE (City or to	own, of pregna BLOOM	ancy terminati	ion	County of pregnancy termination MONROE				
Patient's age**	34 .	- 1	Date of pregn	nancy termina	ation	Educa	tion						
28	Marri	ed □ Yes ■ No		06/16/2016		Lauca		High S	chool Diploma or GED				
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	☐ Asian ■ White	☐ Black o	or Africa	n American	Unknow	n 🔲 N	ispanic or Latino ot Hispanic or Latino Unknown				
Live Births:	ľ	Number now living	0				Number no	w deceased	i 0				
Other Termination	ıs:	Number of spontaneou	is terminations 0				Number of	induced te	rminations 0				
Dates of termination		ot include this termin				st recent.)	•						
1		2			4	•		5	plication(s) of Pregnancy Termination				
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:				_	_				
								None	Uterine Perforation				
Fetus viable?		If viable, medical	reason for term	nination:			L	Hemorr	hage Cervical Laceration				
Yes •	No							Infection	n Retained Products				
								Other (S	Specify)				
Pathological examin performed?	ation	If yes, results:											
Yes •	No								nation of pregnancy result in a maternal death?				
								Yes •	No				
				Type of	f Termin	ation Procedu	res						
Procedure that Term	inated l	Pregnancy				Additional P	rocedure that	Terminated	d Pregnancy				
Medical (Nonsu							(Nonsurgical						
Medical (Nonsu Medical (Nonsu							(Nonsurgical (Nonsurgical						
Medical (Surgional Control Contro	201) Su	ction Curattaga				☐ Medical	(Surgical) S	uction Cur	attaga				
☐ Medical (Surgio	cal) Me	enstrual Aspiration				Medical	(Surgical) M	Ienstrual A	spiration				
Medical (Surgio	cal) Otl	her (Specify)				Medical (Surgical) Other (Specify)							
						_							
For Medical (Surgic	al) proc	edures, answer the fo	llowing question	on.		For Medical	(Surgical) pro	ocedures, a	nswer the following question.				
Was the fetus viab ☐ Yes [ve a post fertilization	age at least 20	weeks?			us viable or h Yes		fertilization age at least 20 weeks?				
	_	s answered yes, compl	lete the followi	ng questions	i.	If the previou	is question wa	as answere	d yes, complete the following questions.				
		est opportunity to surv		8 1		_	-		unity to survive?				
☐ Yes [, , , , , , , , , , , , , , , , , , ,					Yes No		•				
		termination that the pr							on that the pregnant woman had a condition				
woman?	rocedur	e to avert death or seri	ious impairmer	nt to the preg	nant	woman?	d the procedu	ire to avert	death or serious impairment to the pregnant				
Date last normal me	nses be	gan		Physician	estimate	of gestation (in weeks)	Pos	et fertilization age of the fetus (in weeks)				
	03	3/24/2016				11	,		9				
How were the gestat ULTRASOUND	tional ag	ge and post fertilization	on age determin	ned?									
OLINASOUND													
Full name of physici DR. CAROL DELLI	-	-											
= -	-	ming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN	ST, INI	DIANAPOLIS, IN 46	225										
**Date Reported t	to DCS	5, if Patient under 1	4 (month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE					
18 Yes No	ancy termination 06/16/2016	Educa	tion		ol Diploma or GED					
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		nnic or Latino Hispanic or Latino					
Live Births: Number now living 0			Numb	er now deceased	0					
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	nations					
Dates of terminations (Do not include this termination. If more t	han six (6), those n	nost recent.)			1					
I. UNKNOWN 2. 3.		4		5	cation(s) of Pregnancy Termination					
Fetus delivered alive? Yes No If yes, length of time fetus surviv	ed:			None None	Uterine Perforation					
				☐ Hemorrhage						
Fetus viable? If viable, medical reason for term	ination:			_	_					
☐ Yes ■ No				☐ Infection	Retained Products					
Pathological examination If yes, results:				Other (Spec	erfy)					
performed?										
☐ Yes ■ No		Did this termination of pregnancy result in a mate Yes No								
			'							
Type of Termination Procedures										
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e					
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsu	rgical) Misoprostol						
Institute (Total Green)			(1 101154	igioui) ouiei (spee)	957					
FI Medical (Consider) Continue		☐ Madical	(C:-	-1) C						
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspir	ge ration					
Medical (Surgical) Other (Specify)		☐ Medical (Surgical) Other (Specify)								
		For Medical (Surgical) procedures, answer the following question.								
For Medical (Surgical) procedures, answer the following questic	on.	For Medical (Surgica	d) procedures, answ	er the following question.					
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		us viabl Yes 🗀		ilization age at least 20 weeks?					
If the previous question was answered yes, complete the followi	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.					
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	the best opportunit No	y to survive?					
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition					
that required the procedure to avert death or serious impairmer woman?	nt to the pregnant	that require woman?	d the pro	ocedure to avert dea	th or serious impairment to the pregnant					
Date last normal menses began	Physician estima	te of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)					
03/30/2016		12			10					
How were the gestational age and post fertilization age determin ULTRASOUND	ed?									
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (number and stree.	t, city, state, and zip	o code)								
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225										
EDate Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregna	nncy termination	on	County of pregnan	cy termination NROE			
Dation() ++			Data of	nomov- t	otic	F 1	tion						
Patient's age** 27	Marrie [ed Yes No	Date of pregr	06/16/2016		Educa	tion		sociate Degree				
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unknow		y panic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	N	Number now living	3				Number nov	v deceased	0				
Other Termination	s: N	Number of spontaneou		3			Number of i	nduced term					
Dates of termination		ot include this termin	v			st recent.)			0				
Fetus delivered alive		If yes, length of ti			4.	-		Compli	ication(s) of Pregnanc	ry Termination			
Yes I		ir yes, rengur er u	ine retail but viv					None	☐ Uterii	ne Perforation			
									_	cal Laceration			
Fetus viable?		If viable, medical	reason for term	nination:				·	_				
☐ Yes ■ 1	No							Infection	☐ Retar	ned Products			
								Other (Spe	ecify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No									lt in a maternal death?			
								Yes I N	No .				
				Tyma -4	f Tormic	ation Drasad	rac						
Type of Termination Procedures													
Procedure that Term	inated F	Pregnancy				Additional Pr	rocedure that 7	Terminated F	Pregnancy				
Medical (NonsuMedical (Nonsu							(Nonsurgical)						
Medical (Nonsu							(Nonsurgical)						
Medical (Surgio	cal) Suc	ction Curettage				Medical	(Surgical) Su	ction Curett	age				
	cal) Me	nstrual Aspiration				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
Wiedicai (Surgio	Zai) Oti	ici (specijy)				Wiedicai	(Surgicar) Of	nei (<i>specijy</i>)	,				
For Medical (Surgice	a1) mma a	adves anaryse the fo	llavvina avastis			For Madical	(Cumai aal) mma	and and a second	you the fellowing ave	ation			
		edures, answer the fo	• .			For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	le or hav	ve a post fertilization	age at least 20	weeks?			us viable or ha Yes \text{No}	ive a post fe	rtilization age at least	20 weeks?			
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	s.	If the previou	is question wa	s answered y	yes, complete the follo	owing questions.			
	n the be	st opportunity to surv	vive?				us given the b	est opportun	ity to survive?				
	_	ermination that the p	regnant woman	n had a condi	tion	_	_	termination	that the pregnant wor	nan had a condition			
		e to avert death or ser				that require			eath or serious impair				
woman?						woman?							
Detail :	1			Di. · ·	4	-£ · · · ·		- Tay		fator (in 1)			
Date last normal me	-	gan /15/2016		rnysician	estimate	of gestation (i	ın weeks)	Post f	ertilization age of the 6	icius (<i>in weeks)</i>			
	ional ag	ge and post fertilization	on age determin	ned?									
ULTRASOUND													
Full name of alamin	ion marif	amina tamais -4:											
Full name of physici	NGER												
Address of physician 200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		et, city, state,	and zip o	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):									

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	•			County of pregr	nancy t	
Patient's age**	Marı	ried No	Date of pregn	nancy termina 06/16/2016		Educa	tion	ŀ	High Scho	ol Diploma or G	ED	
Race American Indiana Native Hawaiian o	or Otl	laska Native [ner Pacific Islander [☐ Asian ■ White			an American		known	Ethnicity Hispa Not H	<u> </u>		Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Terminations:	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0		
Dates of terminations	(Do	not include this termina	,	than six (6), t	those me	ost recent.)						
1		2				4		5	Complie	ation(s) of Pregna	эрсу Т	Carmination
Fetus delivered alive? Yes No.		If yes, length of tin	ne fetus surviv	/ed:					•	_	•	
									None	_		Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Ce	rvical	Laceration
☐ Yes ■ No	0							☐ I	nfection	☐ Re	tained	Products
									Other (Spec	rify)		
Pathological examinat performed?	tion	If yes, results:										
Yes N	Ю							Did this	s terminatio	on of pregnancy re	esult in	n a maternal death?
								☐ Yes				
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsur	gical) Mifepristone				☐ Medical	(Nonsu	rgical) M	lifepriston	e		
☐ Medical (Nonsurg									lisoprostol other (Spec			
	B10411	, canci (specify)					(1 (01154		die (Spee)	977		
Medical (SurgicaMedical (Surgica		enstrual Aspiration							on Curettag strual Aspin			
☐ Medical (Surgica	l) O	ther (Specify)				☐ Medical	(Surgic	al) Other	r (Specify)			
For Medical (Surgical) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgica	al) proced	lures, answ	er the following o	questic	on.
Was the fetus viable	or h	ave a post fertilization a	nge at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at le	ast 20	weeks?
☐ Yes ■] No						Yes [•	, and the second		
If the previous question	on wa	as answered yes, comple	ete the followi	ng questions	-	If the previou	s questi	ion was a	nswered ye	es, complete the fo	ollowi	ng questions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?		
		etermination that the pro	eonant women	had a condi	tion	_	_	_	mination +1	nat the pregnant v	/Oman	had a condition
that required the pro-		re to avert death or seri-				that require						nt to the pregnant
woman?						woman?						
Date last normal mens		egan 4/15/2016		Physician	estimate	e of gestation (i	n weeks	(s)	Post fe	rtilization age of	the fet	us (in weeks)
How were the gestation	ge and post fertilization		U					J				
ULTRASOUND			<u>-</u>									
							_					
Full name of physician DR. CAROL DELLIN	_	-										
		rming termination (nun	nber and stree	t, city, state,	and zip	code)						
200 S. MERIDIAN S	T, IN	DIANAPOLIS, IN 462	225									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOL AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE C	ity or t	town, of pregna BLOOM	ncy termination	on	(County of pregn	ancy to		
Patient's age**	3.5	· ,	Date of proce	nancy terminat	tion	Educa	tion						
21	Mai	ried Yes 🔳 No		06/16/2016	.iOII	Educal		So	ome Coll	ege, No Degre	e		
Race American Indian Native Hawaiian		•	Asian White	☐ Black or	r Afric	an American	Unknow	▣		ic or Latino spanic or Latino		Unknown	
Live Births:		Number now living	1				Number nov			0			
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of i	nduceo	d termina	tions 0			
Dates of termination	is (Do	not include this termina		than six (6), th	ose m	ost recent.)							
1		T				4	5	i	Complicat	ion(s) of Pregna	ncy T	ermination	
Fetus delivered alive		If yes, length of tin	ne fetus surviv	/ed:				None	•	_	•	erforation	
Fetus viable?		If viable, medical r	eason for term	nination:					norrhage			Laceration	
Yes •	No								ction	_	tained	Products	
								Othe	er (Specif	(v)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No							this ter Yes	rmination No	of pregnancy re	esult in	a maternal death?	
							<u> </u>	108	<u>- 110</u>				
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
_										gnancy			
Medical (Nonsu Medical (Nonsu	ırgica	l) Misoprostol					(Nonsurgical) (Nonsurgical)) Miso	prostol				
Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsurgical)) Othe	r (Specify	·)			
		uction Curettage Ienstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgio							(Surgical) Of			.1011			
For Medical (Surgic	al) pro	ocedures, answer the following	lowing question	on.		For Medical (Surgical) pro-	cedure	s, answer	the following q	uestio	n.	
Was the fetus viab	le or l	nave a post fertilization a	nge at least 20	weeks?		Was the fett	us viable or ha	ave a p	ost fertili	zation age at lea	st 20 v	weeks?	
☐ Yes [C				Yes No	1		C			
If the previous quest	ion w	as answered yes, comple	ete the followi	ng questions.		If the previou	s question wa	s answ	vered yes,	complete the fo	ollowir	ng questions.	
		best opportunity to survi	ve?				us given the b	est opp	portunity	to survive?			
	No			1 1 "		_	Yes No		,	. d		1 1 200	
that required the pr		etermination that the properties to avert death or series				that require						had a condition to the pregnant	
woman?						woman?							
Date last normal me		egan 04/23/2016		Physician es	stimat	e of gestation (i 8	n weeks)		Post ferti	lization age of t	he fetu 3	ıs (in weeks)	
How were the gestat		age and post fertilization		-									
ULTRASOUND													
P.11 2 2													
Full name of physici DR. CAROL DELLI													
	_	orming termination (num		t, city, state, a	ınd zip	code)							
200 S. MERIDIAN	ST, IN	NDIANAPOLIS, IN 462	225										
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	ancy terr			County of pregnan	cy termination		
	1					T = -							
Patient's age** 29	Marı	ried Yes No	Date of pregn	nancy termir 06/16/2016		Educa	ntion			ollege, No Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	known		nic or Latino Iispanic or Latino	Unknown		
Live Births:		Number now living	3					er now d		0			
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin				
Dates of termination		not include this termin	ation. If more t	than six (6),	those m	ost recent.)				1			
1. UNKNOWN		2	3			4		5	Complia	ation(s) of Pregnanc	v Tomaination		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:						_			
								• 1	None	∐ Uterii	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhage	e Cervi	cal Laceration		
☐ Yes ■	No	,						☐ I	nfection	☐ Retain	ned Products		
									Other (Spec	ify)			
Pathological examin	ation	If yes, results:											
performed?													
☐ Yes ■	No							Did this			It in a maternal death?		
		•			5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5								
				Type	of Termi	nation Procedu	res		· · · · · · · · · · · · · · · · · · ·				
Procedure that T-	inote 1	Dragnonov		-7120				that T-	minoted D	agnangy			
Procedure that Term	iinatea	Pregnancy				Additional P	roceaure	tnat Ter	minated Pro	egnancy			
Medical (Nonsu Medical (Nonsu						☐ Medical ☐ Medical	(Nonsu	rgical) N	Aifepristone Aisoprostol	e			
		Other (Specify)				Medical	(Nonsu	rgical) C	Other (Speci	fy)			
Medical (Surgional Control Contro	(lec	action Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	TA			
☐ Medical (Surgio	cal) M	enstrual Aspiration											
Medical (Surgio	cal) O	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	ıl) procec	lures, answ	er the following que	stion.		
		ave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
	■ No	is answered yes, comp	lete the followi	ng question	c		_	_	nswered ve	s, complete the follo	wing questions		
		est opportunity to surv		ng questioni			_		-	y to survive?	ming questions.		
Was the letus give ☐ Yes [est opportunity to surv	1146:				Yes [opportunit	y to survive:			
		etermination that the pr								nat the pregnant won			
that required the property woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	ed the pro	ocedure t	o avert dea	th or serious impairi	nent to the pregnant		
Detail :	1			Di. · ·		c	· 1	- \	D : C	4:11:4:. 0.d	feter (in 1)		
Date last normal me		egan 4/29/2016		Pnysician	ı estimat	e of gestation (ın weeks	i)	Post fer	rtilization age of the 4	ietus (in weeks)		
How were the gestat	ige and post fertilization	on age determin	ned?					1	·				
ULTRASOUND													
Full name of physicion DR. CAROL DELLI	_	-											
		rming termination (nu	mber and stree	t, city, state,	, and zip	code)							
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225										
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	town, of pregn BLOOI	ancy terr			County of pregnan	cy termination DNROE	
Defined state	1		D-4. C		4:	T = 1	-4: -					
Patient's age** 29	Marr	ied □ Yes ■ No	Date of pregn	1811 16/2016 18/16/2016		Educa	ation		Asso	ociate Degree		
Race American Indian Native Hawaiian	or Oth	er Pacific Islander	Asian White	☐ Black		an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:]	Number now living	0				Numb	er now d	eceased	0		
Other Termination	ns:	Number of spontaneou	us terminations				Numb	er of ind	uced termin	nations 0		
Dates of termination	ns (Do r	ot include this termin	ation. If more t	han six (6),	those me	ost recent.)				<u>-</u>		
1		2				4		5	Complic	eation(s) of Pregnance	ev Termination	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:				■ 1		_	ne Perforation	
								_				
Fetus viable?		If viable, medical	reason for term	nination:				∐ I	Hemorrhage	e ∐ Cervi	cal Laceration	
Yes •	No							□ I	nfection	☐ Retai	ned Products	
									Other (Spec	eify)		
Pathological examin performed?	nation	If yes, results:										
Yes •	No				Did this termination of pregnancy result in a mate							
								☐ Yes	s 🔳 No)		
				nation Procedu	ires							
Procedure that Term	ninated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy		
Medical (Nonsu						☐ Medical	(Nonsu	rgical) M	Mifepriston	e		
Medical (Nonsu Medical (Nonsu		Other (Specify)				Medical Medical	l (Nonsu: l (Nonsu:	rgical) N rgical) C	Misoprostol Other (Speci	ify)		
Medical (Surgio	cal) Su	ction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge		
☐ Medical (Surgio	cal) Mo	enstrual Aspiration				☐ Medica	(Surgical	al) Mens	strual Aspir			
Medical (Surgio	cai) Ot	ner (Specify)				☐ Medical (Surgical) Other (Specify)						
						For Medical (Surgical) procedures, answer the following question.						
For Medical (Surgic	al) prod	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	stion.	
Was the fetus viab		we a post fertilization	age at least 20	weeks?			tus viable Yes		a post fert	ilization age at least	20 weeks?	
	_	s answered yes, comp	lete the followi	ng questions	S	_			nswered ve	es, complete the follo	owing questions	
		est opportunity to surv		ng question			_		-	_	owing questions.	
Was the fetus give ☐ Yes [est opportunity to surv	ive:				Yes [opportunit	y to survive?		
		termination that the p								hat the pregnant wor		
that required the programmer woman?	rocedur	e to avert death or ser	ious impairmer	nt to the preg	gnant	that require woman?	ed the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant	
Date last normal me	nses be	gan		Physician	estimate	e of gestation (in weeks	•)	Post fer	rtilization age of the	fetus (in weeks)	
	04	1/21/2016				7		,	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5	()	
How were the gestat	ned?											
ULTRASOUND												
Full name of physici	ian nort	forming termination										
DR. CAROL DELLI	-	-										
	-	rming termination (nu		t, city, state,	, and zip	code)						
200 S. MERIDIAN	51, IN	DIANAPOLIS, IN 46	225									
**Date Reported t	to DCS	S, if Patient under 1	4 (month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 4:	21 SOUTH COLL	LEGE C	ity or t	own, of pregna BLOOM	ncy terminatio	on	County of pregnar	ncy termination ONROE			
Patient's age**	3.4	wind.	Date of pregr	nancy terminat	tion	Educa	tion						
39	Mai	ried ☐ Yes ■ No		06/16/2016	tion	Educa	tion	Ва	chelor's Degree				
Race American Indian Native Hawaiian			Asian White	☐ Black or	r Afric	an American	Unknown		ity spanic or Latino t Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	2				Number nov	deceased	0				
Other Termination	ıs:	Number of spontaneou	us terminations 0				Number of i	nduced terr	minations 0				
Dates of termination	ns (Do	not include this termin				ost recent.)							
Fetus delivered alive	a?	If yes, length of ti	me fetus survix			4	5.		olication(s) of Pregnan	cy Termination			
Yes I		in yes, length of th	me retus sur viv	rea.				None	☐ Uteri	ine Perforation			
								Hemorrh		ical Laceration			
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Infection		ined Products			
l les 🕒	NO								_	ined Floducts			
Pathological examin	nation	If yes, results:					⊔	Other (Sp	ресіју)				
performed?		ii yes, iesuits.											
☐ Yes ■	No							his termina Yes		ult in a maternal death?			
		1											
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsu						_	(Nonsurgical)						
Medical (Nonsu	urgica) Misoprostol					(Nonsurgical)	Misopros	tol				
Medical (Nonst	urgica) Other (Specify)				Medicai	(Nonsurgical)	Otner (Sp	ecify)				
		uction Curettage Ienstrual Aspiration					(Surgical) Su (Surgical) Mo						
Medical (Surgio	cal) C	ther (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing question	on.		For Medical ((Surgical) prod	edures, an	swer the following qu	estion.			
Was the fetus viab ☐ Yes [ave a post fertilization	age at least 20	weeks?			us viable or ha	ve a post f	ertilization age at leas	t 20 weeks?			
		as answered yes, comp	lete the followi	ng questions.		_	_	answered	yes, complete the foll	owing questions.			
Was the fetus give	n the	pest opportunity to surv				Was the fett	us given the bo		nity to survive?				
	□ No					_	Yes No						
		etermination that the part to avert death or ser							n that the pregnant wo leath or serious impair				
woman?			1	1 0		woman?	1		1	1 6			
Date last normal me		•		Physician e	stimate	e of gestation (i	n weeks)	Post	fertilization age of the	e fetus (in weeks)			
How were the gestat		4/20/2016 age and post fertilization	on age determin	l ned?		8			6				
ULTRASOUND		- • · · · · · · · · · · · · · · · · · ·											
Full name of physici													
		orming termination (nu	mber and stree	t, city, state, a	ınd zip	code)							
200 S. MERIDIAN	ST, II	IDIANAPOLIS, IN 46	5225										
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregn BLOO	ancy ter			County of pregnar	ncy termination ONROE		
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation						
32	Maı	Tied ☐ Yes ■ No		06/16/2016		Lauc	/11		Asso	ociate Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	per now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numl	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)	1			<u> </u>			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnan	cy Termination		
								• 1	None	☐ Uter	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhag	e 🗌 Cerv	ical Laceration		
☐ Yes ■ I	No							□ I	nfection	☐ Reta	ined Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed?	. T							=					
☐ Yes ■	No							Did this		on of pregnancy res	ult in a maternal death?		
				Type o	of Termi	nation Procedu	ıres						
Drogodyna that Ta	inat-	I Drognor ov		1,700	- 511111			a that T-	minoto 1 D	rognong.			
Procedure that Term						Additional P							
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medica	(Surgic	al) Sucti	on Curetta	ge			
	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspii	ration			
in Medical (Surgio	ai) C	dilei (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.		
		nave a post fertilization	age at least 20	weeks?			_	_	a post fert	ilization age at leas	t 20 weeks?		
☐ Yes [■ No)				_	Yes [_					
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given		best opportunity to surv	rive?			_	tus giver Yes [_	opportunit	ty to survive?			
	_				.,.	_	_			L v d	4 4 400		
		etermination that the properties of the properti									man had a condition ment to the pregnant		
woman?						woman?	-			-			
Date last normal men	nses b	egan		Physician	estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	e fetus (in weeks)		
77 3	04/03/2016	• .	10		10				8				
How were the gestat ULTRASOUND	age and post fertilizatio	ied?											
Full name of physici	an pe	rforming termination											
DR. CAROL DELLI	_	-											
	-	orming termination (num		t, city, state,	, and zip	code)							
ZUU S. MEKIDIAN S	اا , اد	NDIANAPOLIS, IN 46	2 25										
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnand MO	cy termination			
Patient's age**		. ,	Date of pregn	ancy tormi	nation	Educa	tion							
28	Mar	ried ☐ Yes ■ No		06/16/2016		Educa	tion	ļ	High Scho	ol Diploma or GED)			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0				
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive		If yes, length of tir	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination			
	NO							• 1	None	☐ Uterir	ne Perforation			
F. 110		70 11 11 1	· ·					□ I	Hemorrhage	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for term	iination:				Пі	nfection	☐ Retair	ned Products			
	. 10									_	100 110000			
		70							Other (Spec	rify)				
Pathological examin performed?	ation	If yes, results:												
Yes •	No									on of pregnancy resu	lt in a maternal death?			
								☐ Ye	s 🔳 No)				
				Туре	of Termin	nation Procedu	res							
Procedure that Term	inated	l Pregnancy				Additional Pr	ocedure	that Ter	minated Pr	regnancy				
										•				
☐ Medical (Nonsu ☐ Medical (Nonsu									Aifepristone Aisoprostol					
		l) Other (Specify)							Other (Speci					
Medical (Surgional Control Contro	2 (le	uction Curettage					(Surgic	al) Sucti	on Curettag	ge				
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration				
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)					
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	stion.			
Was the fetus viable	le or h	nave a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?								
	■ No		age at least 20	weeks:			Yes [a post tert	mzation age at least	20 weeks:			
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	s.	If the previou	ıs guesti	ion was a	nswered ve	es, complete the follo	owing questions.			
				8 1		_	_		-	_	& 1 · · · ·			
Was the fetus giver ☐ Yes [best opportunity to surv	ive!				us giver Yes [_	opportunit	y to survive?				
What was the basis	ford	etermination that the pr	eonant women	had a condi	ition	What was t	he hacie	for deter	mination th	hat the pregnant won	an had a condition			
that required the pr		ire to avert death or ser				that require				th or serious impairr				
woman?						woman?								
Date last normal men	nses b	egan		Physician	estimate	e of gestation (n weeks	5)	Post fer	rtilization age of the	fetus (in weeks)			
	04/11/2016			9				9	· 					
_	age and post fertilization	ned?												
ULTRASOUND														
	-	rforming termination	<u> </u>											
DR. CAROL DELLI		crming termination (num	mher and street	t city state	and zin	code)								
	-	NDIANAPOLIS, IN 46		., спу, мие,	, ини цр	couc _j								
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregnand MC	cy termination NROE		
Patient's age**	1.7	wind	Date of pregn	nancy termin	nation	Educa	tion						
20	Maı	ried ☐ Yes ■ No		06/16/2016		Educa			Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not H	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termina	ation. If more t	han six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No							• 1	None	☐ Uterin	ne Perforation		
								П	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ I	infection	— Potois	ned Products		
l ies 🗐 i	NO										led Products		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s terminatio	on of pregnancy resu	It in a maternal death?		
								☐ Yes)			
				Туре о	of Termin	nation Procedu	res						
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancv			
_										•			
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol				
		l) Other (Specify)							Other (Speci				
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration			
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.		
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	■ No		age at least 20	weeks.			Yes [_	a post tert	inzation age at least	20 Weeks.		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.		
						_	_		-	-			
Was the fetus gives Yes		best opportunity to surv	146 :				us giver Yes	_	opportunit	y to survive?			
What was the basis	s for d	etermination that the pr	egnant woman	had a condi	ition	What was t	he hasis	for deter	mination th	hat the pregnant won	nan had a condition		
that required the pr		ire to avert death or seri				that require				th or serious impairs			
woman?						woman?							
						<u> </u>							
Date last normal mer		-		Physician	estimate	e of gestation (in weeks	s)	Post fer	rtilization age of the	fetus (in weeks)		
TT -3		04/28/2016	4 . •	10		6				4			
How were the gestat ULTRASOUND	age and post fertilization	ied?											
CETTAGOOND													
Fall and Colored													
Full name of physici DR. CAROL DELLI	_	rforming termination											
		orming termination (num	mber and stree	t, city, state,	and zip	code)							
	-	NDIANAPOLIS, IN 46											
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	_EGE	City or t	town, of pregn	ancy ter			County of pregnand	cy termination		
Datient's ago**	١,,	. ,	Date of proces	ancy tormi	nation	Educ	ation						
Patient's age** 27	Marr	ied □ Yes ■ No	Date of pregn	1ancy termin 06/16/2016		Educ	auon		Bach	elor's Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Ur	ıknown		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numl	oer now d	eceased	0			
Other Termination	ıs:	Number of spontaneou		i			Numl	per of ind	uced termin				
Dates of termination	is (Do i	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination		
	110							• 1	None	☐ Uterir	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhago	e Cervi	cal Laceration		
Yes Tells Viable:	No	n viaole, medicar	reason for term	mation.				□ I	nfection	☐ Retair	ned Products		
									Other (Spec	eify)			
Pathological examin	ation	If yes, results:							(~ _I	337			
performed?		3 ,											
☐ Yes ■	No							Did this			It in a maternal death?		
				Tuna	nation Proced	irec							
				Туре с	or remin								
Procedure that Term	inated	Pregnancy				Additional I	rocedur	e that Ter	minated Pr	regnancy			
Medical (NonsuMedical (Nonsu						☐ Medica	l (Nonsu	rgical) N	Aifepristone Aisoprostol	e			
		Other (Specify)				☐ Medica	l (Nonsu	rgical) (Other (Speci	ify)			
Modical (Surgice	ool) C u	action Curattaga				Medical (Surgical) Suction Curettage							
	cal) M	enstrual Aspiration				☐ Medica	l (Surgio	al) Mens	strual Aspir				
Medical (Surgio	cal) O	ther (Specify)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgical	al) proced	lures, answ	er the following que	stion.		
Was the fetus viab	le or ha	ave a post fertilization	age at least 20	weeks?		Was the fe	tus viab	le or have	a post fert	ilization age at least	20 weeks?		
☐ Yes [No						Yes [No	•	C			
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	wing questions.		
Was the fetus give	n the b	est opportunity to surv	rive?			Was the fe	tus give	n the best	opportunit	y to survive?			
☐ Yes [☐ No						Yes [No		•			
		etermination that the pr								hat the pregnant won			
woman?	rocedu	re to avert death or ser	ious impairmer	nt to the preg	gnant	woman?	ed the pi	ocedure t	o avert dea	th or serious impairr	nent to the pregnant		
Data last normal co-	nece L	agan		Dhyminia:	actionat	a of gostation	(in	c)	Doct f-	rtilization ago of the	fatus (in washa)		
Date last normal menses began O4/22/2016 Physician estimate of gestation (in weeks) 6									runzation age of the	icias (in weeks)			
How were the gestat	ned?					1							
ULTRASOUND													
Full name of physici	-	-											
DR. CAROL DELLI Address of physician		rming termination (nu.	mber and stree	t, citv. state	, and zin	code)							
	-	DIANAPOLIS, IN 46		.,, siene,	,α ειρ	,,							
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and Add PLANNED PARENTHOOD AVENUE, BLOOMINGTON	(PPC		1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of preg	nancy	
Patient's age** 25	Marri	ed □ Yes ■ No	Date of pregn	nancy termina	ation	Educa	tion		High Scho	ol Diploma or (GED	
Race American Indiana o	or Ala	ska Native	☐ Asian ■ White		or Africa	an American	☐ Un	known	Ethnicity Hispa			☐ Unknown
Live Births:	N	Sumber now living	2				Numb	er now d	eceased	0		
Other Terminations:	N	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 0		
Dates of terminations (Do n	ot include this termina		than six (6), to	hose mo	ost recent.)						
1		2				4		5	C1:-	6		Ti
Fetus delivered alive? Yes No)	If yes, length of tin	ne fetus surviv	ved:					•	cation(s) of Pregr	•	
								• N	None	<u></u> ⊔ 0	terine	Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				□ I	Hemorrhage	e 🗌 C	ervica	l Laceration
☐ Yes ■ No)							☐ I	nfection	☐ R	etaine	d Products
						Other (Spec	eify)					
Pathological examinati	If yes, results:											
performed? ☐ Yes ■ No					Did this	s termination	on of pregnancy	result	in a maternal death?			
					☐ Yes							
				Type of	f Termii	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsurg	ical)	Mifepristone				☐ Medical	(Nonsu	rgical) N	/lifepriston	e		
☐ Medical (Nonsurg ☐ Medical (Nonsurg									Aisoprostol Other (Spec			
	,icui)	Other (Speetyy)				Wiedicar	(1101134	igicai) c	other (spee)	997		
Medical (Surgical)Medical (Surgical)									on Curettag strual Aspin			
Medical (Surgical)									r (Specify)			
For Medical (Surgical)	proc	edures, answer the foll	owing question	on.		For Medical (Surgica	ıl) proced	lures, answ	er the following	quest	ion.
Was the fetus viable	or hav	ve a post fertilization a	ige at least 20	weeks?		Was the fet	ıs viabl	e or have	a post fert	ilization age at l	east 20) weeks?
Yes •		ve a post rerumbanon t	.ge ut 10ust 20	weeks.			res [a post ier	meanon age ar i	- Cast 2	, weeks
If the previous question	n was	answered yes, comple	ete the following	ng questions.		If the previou	s questi	on was a	nswered ye	es, complete the	follow	ving questions.
		st opportunity to survi	ve?						opportunit	y to survive?		
☐ Yes ☐						_	Yes [_				
		ermination that the pro to avert death or serio										n had a condition ent to the pregnant
woman?			1	1 0		woman?				į		1 0
Date last normal mense	-			Physician of	estimate	e of gestation (i	n weeks	<i>i)</i>	Post fe	rtilization age of		etus (in weeks)
How were the gestation		/10/2016	aga datarmin	ned?		10					9	
ULTRASOUND	ııaı dg	50 ана розі тегипианої	i age uetermin	icu:								
<u> </u>												
Full name of physician	_	orming termination										
DR. CAROL DELLING Address of physician p		ming termination (nun	iber and stree	t, citv. state	and zin	code)						
200 S. MERIDIAN ST		=		,,, (~~~	/						
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						own, of pregna	•			County of pregnan	ocy termination ONROE
Patient's age**	3.7		Date of preon	nancy termin	nation	Educa	ntion				
23	Mai	Yes No		06/16/2016		Lauce			Asso	ociate Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin		than six (6),	those mo	ost recent.)					
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tir	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination
	.10				■ None ☐ Uterine Perforati						
Fetus viable?		If viable, medical	reason for term	nination:				I	Hemorrhag	e 🔲 Cervi	ical Laceration
Yes I	No	ii viaole, inedicar	reason for term	mation.				I	nfection	☐ Retai	ned Products
					Other (Spec	cify)					
Pathological examin	ation	If yes, results:							(~ p = 0	-357	
performed?											
☐ Yes ■				Did thi		on of pregnancy resu	ılt in a maternal death?				
				. —		-					
				Type	of Termin	nation Procedu	rec				
				Туре С	л теппп						
Procedure that Term	inated	l Pregnancy				Additional P					
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol		
		l) Other (Specify)							Other (Spec		
☐ Medical (Surgic	al) S	uction Curettage				— Medical	(Surgic	eal) Sucti	on Curetta	ge	
☐ Medical (Surgio	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ration	
☐ Medical (Surgio	cal) (ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
		nave a post fertilization	age at least 20	weeks?					a post fert	ilization age at least	20 weeks?
☐ Yes [No)					Yes [No			
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	us questi	ion was a	nswered ye	es, complete the follows	owing questions.
		best opportunity to surv	ive?				_	_	opportunit	y to survive?	
☐ Yes ☐	_ No)					Yes L	_l No			
		letermination that the partie to avert death or seri									nan had a condition ment to the pregnant
woman?	occui	are to avert dealir or ser	ious impuniner	n to the preg	Sman	woman?	a uie pr	occuure (o avert dec	an or serious impair	ment to the pregnant
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)
	(05/05/2016				6				4	. ,
How were the gestat	_										
ULTRASOUND											
E-II C. I. I.											
DR. CAROL DELLI	_	rforming termination R									
		orming termination (num	mber and stree	t, city, state,	, and zip	code)					
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225											
**Date Reported to DCS, if Patient under 14 (month, day, year):										_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE			
21 Yes No	ancy termination 06/16/2016	Educa	tion		ool Diploma or GED			
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		anic or Latino Hispanic or Latino			
Live Births: Number now living				per now deceased	0			
Other Terminations: Number of spontaneous terminations			Numb	per of induced termin	nations			
Dates of terminations (Do not include this termination. If more to	han six (6), those n	nost recent.)			1			
1. <u>UNKNOWN</u> 2 3		4		5	6			
Fetus delivered alive? Yes No If yes, length of time fetus surviv	red:			□ None	cation(s) of Pregnancy Termination			
		Uterine Perforation						
Fetus viable? If viable, medical reason for term	nination:			☐ Hemorrhag	_			
☐ Yes ■ No				☐ Infection	Retained Products			
		Other (Specify)						
Pathological examination performed? If yes, results:								
☐ Yes ■ No		Did this termination of pregnancy result in a mater ☐ Yes No						
	Type of Term	ination Procedu	res					
Procedure that Terminated Pregnancy		Additional Pr	ocedure	e that Terminated Pr	regnancy			
Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e			
Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)			(Nonsu	rgical) Misoprostol rgical) Other (Spec				
Institute (Consulgion) out (Specify)			(1 101154	igioui) Suiei (spec	937			
Madical (Consider) Constant		- Madical	(C:-	-1) Cti Cti-				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspir				
Medical (Surgical) Other (Specify)		Medical	(Surgic	al) Other (Specify)				
For Medical (Surgical) procedures, answer the following questic	on.	For Medical (Surgica	al) procedures, answ	er the following question.			
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ☐ No	weeks?		us viabl Yes 🔳		ilization age at least 20 weeks?			
If the previous question was answered yes, complete the following	ng questions.	If the previou	s questi	ion was answered ye	es, complete the following questions.			
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes	n the best opportunit No	ty to survive?			
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition			
that required the procedure to avert death or serious impairmer woman?	nt to the pregnant	that require woman?	d the pro	ocedure to avert dea	nth or serious impairment to the pregnant			
Date last normal menses began	Physician estima	te of gestation (i	n weeks	s) Post fe	rtilization age of the fetus (in weeks)			
04/19/2016		8			6			
How were the gestational age and post fertilization age determin ULTRASOUND	ed?							
Full name of physician performing termination DR. CAROL DELLINGER								
Address of physician performing termination (number and street	t, city, state, and zip	p code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225								
**Date Reported to DCS, if Patient under 14 (month, day,	_							

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						town, of pregna BLOOM	•			County of pregna	ncy termination ONROE	
Patient's age**			Date of mass:	anov to-	nation	Educa	tion				1	
25	Mar	ried □ Yes ■ No		o6/16/2016		Educa	ition	ļ	High Scho	ol Diploma or GE	:D	
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black ☐ Other	or Afric	an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	2				Numb	er now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 1		
Dates of termination 01/26/2016	s (Do	not include this termin	ation. If more th	han six (6),		ost recent.)	I	5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ed:					Complic	cation(s) of Pregnar	ncy Termination	
☐ Yes ■ I	No				■ None ☐ Uterine Perfora							
									Hemorrhag	e 🔲 Cerv	vical Laceration	
Fetus viable? Yes I	No.	If viable, medical	reason for term	ination:				_ □ □ ı	nfection	— □ Pate	nined Products	
ies i	NO									_	lined Froducts	
					Other (Spec	cify)						
Pathological examin performed?												
☐ Yes ■	Did this termination of pregnancy result in a mater											
				☐ Ye	s 🔳 No)						
											1	
				Туре о	of Termin	nation Procedu	res					
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy		
■ Medical (Nonsu	rgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e		
Medical (Nonsu	rgica) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol			
☐ Medical (Nonsu	rgica) Other (Specify)				Medical	(Nonsu	rgical) (Other (Spec	ify)		
		uction Curettage							on Curetta			
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspii r (Specify)	ration		
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following qu	estion.	
Was the fetus viabl ☐ Yes [ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at leas	st 20 weeks?	
If the previous quest	ion w	as answered yes, compl	ete the followin	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the fol	lowing questions.	
		pest opportunity to surv	ive?					_	opportunit	y to survive?		
☐ Yes ☐	」No						Yes [」No				
		etermination that the property to avert death or serious									oman had a condition rment to the pregnant	
woman?	oceui	ire to avert death of ser	ious impairmen	it to the preg	gnam	woman?	u ille pi	ocedure i	o avert dea	un or serious impar	Thient to the pregnant	
Date last normal men	ises h	egan	1	Physician	estimate	e of gestation (in wool-	c)	Post for	rtilization age of th	e fetus (in wooks)	
Dute fast normal iller		4/10/2016		1 iiy siciali	comman	7	ii week	,,	1 031 16.	5 timzation age of th	· ·	
=	ional	age and post fertilization	n age determin	ed?					1			
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGE	₹										
	-	orming termination (num		t, city, state,	and zip	code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
**Date Reported to DCS, if Patient under 14 (month, day, year):												
Date Reported t	υDC	த, ப rauent under 14	+ (month, day, j	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	•			County of pregnan	cy termination DNROE
Patient's age** 23	Mar	ried No	Date of pregn	nancy termina 06/09/2016		Educa	tion		Asso	ciate Degree	
Race American Indiana Native Hawaiian o	or Ot	her Pacific Islander [Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Terminations:	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0	
Dates of terminations	(Do	not include this termina	,	than six (6), t	those mo	ost recent.)					
I		2		1		4		5	Complic	ation(s) of Pregnance	ev Termination
Fetus delivered alive? Yes N		If yes, length of tin	ne retus surviv	/ea:					•	_	
								_	None	_	ne Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cervi	cal Laceration
☐ Yes ■ N	o							☐ I	nfection	Retai	ned Products
									Other (Spec	ify)	
Pathological examinat	If yes, results:										
performed? ☐ Yes ■ N							Did this	terminatio	on of pregnancy resu	alt in a maternal death?	
								☐ Yes			
				Type of	f Termii	nation Procedu	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsur	gical) Mifepristone				☐ Medical	(Nonsu	rgical) M	lifepristone	•	
☐ Medical (Nonsur ☐ Medical (Nonsur									Iisoprostol Other (Speci	fv)	
wiedicar (Ivonsur	gicai) Other (Specify)				wiedicar	(1vonsu	igicai) C	πιοι (υρευί	<i>J</i> .y.)	
Medical (Surgical Medical (Surgical)		uction Curettage Ienstrual Aspiration							on Curettag strual Aspir		
Medical (Surgica									(Specify)		
For Medical (Surgical	1) pro	ocedures, answer the following	lowing questic	on.		For Medical	(Surgica	l) proced	ures, answ	er the following que	estion.
	_	ave a post fertilization a					_	_		lization age at least	
Yes Yes			ige at least 20	weeks.			Yes [u post reru	mzation age at least	20 Weeks.
If the previous question	on wa	as answered yes, comple	ete the followi	ng questions	i.	If the previou	ıs questi	on was a	nswered ye	s, complete the follo	owing questions.
Was the fetus given	the b	pest opportunity to survi	ve?			Was the fet	us given	the best	opportunit	y to survive?	
☐ Yes ☐] No	•					Yes [No			
		etermination that the pro-									man had a condition
woman?	oceau	re to avert death or seri-	ous impairmer	nt to the preg	nant	woman?	a tne pro	ocedure t	o avert dea	tn or serious impair	ment to the pregnant
Date last normal mens	ses b	egan		Physician	estimate	e of gestation (i	in weeks	;)	Post fer	tilization age of the	fetus (in weeks)
	0	3/30/2016		_		12		,		10	,,
=	onal	age and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physicia	n no	forming termination									
DR. CAROL DELLIN	_	-									
= -	_	orming termination (num		t, city, state,	and zip	code)					
200 S. MERIDIAN S	T, IN	IDIANAPOLIS, IN 462	225								
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
19 Yes No	ancy termination 06/09/2016	Educa	tion		ol Diploma or GED				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Uni		nnic or Latino Hispanic or Latino				
Live Births: Number now living 0				er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	-				
Dates of terminations (Do not include this termination. If more to	han six (6), those n	nost recent.)			0				
Fetus delivered alive? If yes, length of time fetus surviv	and:	4		5Complic	cation(s) of Pregnancy Termination				
Fetus delivered alive? Yes No If yes, length of time fetus surviv	ed:			None None	Uterine Perforation				
Fetus viable? If viable, medical reason for term Yes No	nination:			☐ Hemorrhage	Retained Products				
Li les E No				_	_				
Pathological examination If yes, results:				Other (Spec	erfy)				
performed?									
☐ Yes ■ No		Did this termination of pregnancy result in a mate Yes No							
	Type of Term	ination Procedur	res						
Procedure that Terminated Pregnancy		Additional Procedure that Terminated Pregnancy							
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepristone	e				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)				rgical) Misoprostol					
		-	`						
Medical (Surgical) Suction Curettage		☐ Medical	(Surgice	al) Suction Curettag	gg .				
Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgical	al) Menstrual Aspir					
Medical (Surgical) Other (Specify)		Medical	(Surgical	al) Other (Specify)					
For Medical (Surgical) procedures, answer the following question	on.		_	_	er the following question.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		us viable Yes [ilization age at least 20 weeks?				
If the previous question was answered yes, complete the following	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition				
that required the procedure to avert death or serious impairmer woman?	nt to the pregnant	that require woman?	d the pro	ocedure to avert dea	th or serious impairment to the pregnant				
Date last normal menses began	Physician estima	te of gestation (i	n weeks	Post fer	rtilization age of the fetus (in weeks)				
04/17/2016	ed?	8			6				
How were the gestational age and post fertilization age determin ULTRASOUND	icu:								
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street	t, city, state, and zip	o code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 14 (month, day,									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						own, of pregna	•			County of pregnan	cy termination DNROE	
Patient's age**	3.	. ,	Date of proces	ancy termin	ation	Educa	tion				1	
23	Mai	ried □ Yes ■ No		06/09/2016		Educa	шоп		Some Co	ollege, No Degree		
Race American Indian Native Hawaiian		laska Native	Asian White			an American	☐ Un	known	Ethnicity Hispa Not H	anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	1				Numb	er now d		0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations		
		not include this termin		than six (6), i		ost recent.)		5		6		
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	ved:			cy Termination					
☐ Yes ■ I	No				■ None ☐ Uterine Perfo							
								П	Hemorrhage	a 🔲 Carvi	cal Laceration	
Fetus viable?		If viable, medical	reason for term	nination:					Ü			
☐ Yes ■ I	No							☐ I	nfection	☐ Retai	ned Products	
									Other (Spec	cify)		
Pathological examin	ation	If yes, results:										
performed?	Did this termination of pregnancy result in a materna											
				Yes			in in a maternal death?					
				Type o	of Termi	nation Procedu	res					
D 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		l D		1 j pc 0				.d. : T				
Procedure that Term	ınateo	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy		
Medical (Nonsu									Aifepriston			
☐ Medical (Nonsu ☐ Medical (Nonsu		Other (Specify)							Aisoprostol Other (Speci			
					☐ Medical (Surgical) Suction Curettage							
		uction Curettage Ienstrual Aspiration							on Curettag strual Aspir			
Medical (Surgio									r (Specify)			
For Medical (Surgice	1) pr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgice	1) proced	lurae anew	er the following que		
	_											
	le or h ■ No	ave a post fertilization	age at least 20	weeks?			us viabl Yes 🏻 🗀		a post fert	ilization age at least	20 weeks?	
	_		-4- 41 6 -11:	-	_	_	_	_		1-4- 4b- 6-11		
If the previous quest	ion w	as answered yes, compl	ete the follows	ng questions	S.	If the previou	is questi	on was a	nswered ye	es, complete the follo	owing questions.	
Was the fetus given ☐ Yes ☐		pest opportunity to surv	ive?				us giver Yes	_	opportunit	y to survive?		
	_					_	_	_				
		etermination that the parties to avert death or serious								hat the pregnant wor	man had a condition ment to the pregnant	
woman?		301		P.08	,	woman?	P P1					
Date last normal men	ises h	egan		Physician	estimate	e of gestation (in wook	5)	Post for	rtilization age of the	fetus (in weeks)	
Sate Mot Horman Hor		3/28/2016		1 11/ STCIUII	Jonnach	8	,reens	-,	1 030 101	6	-13ao (ar meeno)	
How were the gestat	ional	age and post fertilization	n age determin	ned?					1			
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGE	₹										
	-	orming termination (num		t, city, state,	and zip	code)						
ZUU S. WIEKIDIAN S	ו, ונ,	IDIANAPOLIS, IN 46										
**Date Reported to DCS, if Patient under 14 (month, day, year):										_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	EGE	City or t	own, of pregn BLOO	ancy ter			County of pregnan	cy termination DNROE			
Patient's age**	3.7	.:	Date of pregn	ancy termin	nation	Educ	ation					
29	Mar	ried Yes No		06/09/2016		Educ	UII		Mas	ster's Degree		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black		an American		nknown	Not I	anic or Latino Hispanic or Latino	☐ Unknown	
Live Births:		Number now living	0				Numb	ber now d	eceased	0		
Other Termination	s:	Number of spontaneou	is terminations				Numb	per of ind	uced termi	nations		
Dates of termination 06/12/2012	s (Do	not include this termin	ation. If more to	than six (6),	those mo	ost recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination	
☐ Yes ■ I	No				■ None ☐ Uterine Perfor							
								П	Hemorrhag	e \square Cervi	cal Laceration	
Fetus viable?	ντ	If viable, medical	reason for term	nination:					Č			
☐ Yes ■ I	NO							l l	nfection	☐ Retar	ned Products	
					Other (Spec	cify)						
Pathological examin performed?												
Yes •	Did this termination of pregnancy result in a materna											
				☐ Yes	s 🔳 No	0						
											1	
				Туре	of Termin	nation Procedu	ires					
Procedure that Term	inated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy		
■ Medical (Nonsu	rgica) Mifepristone				☐ Medica	(Nonsu	ırgical) N	//////////////////////////////////////	e		
Medical (Nonsu	rgica) Misoprostol				☐ Medica	(Nonsu	irgical) N	/lisoprostol	Į.		
Medical (Nonsu	rgica) Other (Specify)				☐ Medica	(Nonsu	irgical) C	Other (Spec	rify)		
		uction Curettage							on Curetta			
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspi r (<i>Specif</i> y)	ration		
_												
	•							•				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) procec	lures, answ	er the following que	stion.	
	le or h	ave a post fertilization	age at least 20	weeks?			tus viabl Yes [a post fert	tilization age at least	20 weeks?	
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	ıs.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.	
		pest opportunity to surv	ive?			_	_	_	opportunit	ty to survive?		
☐ Yes [_					_	Yes [
		etermination that the pure to avert death or seri								hat the pregnant wor	nan had a condition ment to the pregnant	
woman?		dead of set	puninei	, 15 are proj	O	woman?	_ are pr	,		serrous impuni	die prognant	
Date last normal men	ises b	egan		Physician	n estimate	e of gestation (in week.	s)	Post fe	rtilization age of the	fetus (in weeks)	
	C	4/19/2016				6				4	. ,	
=	ional	age and post fertilization	n age determin	ned?								
ULTRASOUND												
Full name of physici DR. CAROL DELLI	_	-										
	-	orming termination (num		t, city, state,	, and zip	code)						
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225												
**Date Reported to DCS, if Patient under 14 (month, day, year):										_		

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	GE	ity or town, o	f pregna BLOOM	•		County of pregnancy termination MONROE						
Γ						1						
Patient's age** 34	Marrie [ed Yes No	Date of pregnar	ncy terminat 6/09/2016	tion	Educa	tion		ool Diploma or GED			
Race American Indiar Native Hawaiiar			☐ Asian ■ White	☐ Black or ☐ Other	African Ame	erican	☐ Un	Ethnicity Hisp known	danic or Latino Hispanic or Latino ☐ Unknown			
Live Births:	N	lumber now living	3					per now deceased	0			
Other Termination	ns:	Tumber of spontaneou					Numb	per of induced termi	-			
Dates of termination	ns (Do no	ot include this termin	ation. If more tha	an six (6), the	ose most rece	ent.)			v			
1		2			4			5	cation(s) of Pregnancy Termination			
Fetus delivered alive		If yes, length of ti	me fetus survived	d:				_	_			
								■ None	Uterine Perforation			
Fetus viable?		If viable, medical	reason for termin	nation:				☐ Hemorrhag	e Cervical Laceration			
☐ Yes ■	No							☐ Infection	☐ Retained Products			
					Other (Specify)							
Pathological examir performed?	If yes, results:											
Yes •	No				Did this termination of pregnancy result in a materna							
							☐ Yes ■ N	0				
			Type of 7	Termination 1	Procedui	res						
Procedure that Term	ninated P	Pregnancy			Addi	tional Pr	ocedure	e that Terminated P	regnancy			
Medical (Nons						Medical	(Nonsu	rgical) Mifepriston	e			
Medical (Nons) Medical (Nons)						Medical	(Nonsu (Nonsu	rgical) Misoprosto rgical) Other (Spec	ify)			
Medical (Surgi	cal) Suc	tion Curettage			_ ı	Medical	(Surgic	al) Suction Curetta	ge ge			
	cal) Me	nstrual Aspiration			I	Medical	(Surgic	al) Menstrual Aspi al) Other (Specify)	ration			
Wedicai (Surgi	cai) Oii	ен (Бресцу)				Wiedicai	(Surgic	ai) Oulei (Specify)				
For Medical (Surgic	cal) proce	edures, answer the fo	llowing question.		For N	Aedical (Surgica	al) procedures, answ	ver the following question.			
	ole or hav	ve a post fertilization	age at least 20 w	reeks?	Wa		us viabl Yes [tilization age at least 20 weeks?			
If the previous ques	tion was	answered yes, comp	lete the following	g questions.	If the	previou	s questi	ion was answered y	es, complete the following questions.			
Was the fetus give ☐ Yes [st opportunity to surv	rive?		Wa		us giver Yes [the best opportuni No	ty to survive?			
		ermination that the pr							hat the pregnant woman had a condition			
woman?	roceaure	to avert death or ser	ious impairment	to the pregna		required man?	a tne pr	ocedure to avert dea	ath or serious impairment to the pregnant			
Date last normal me	enses beg	gan		Physician es	stimate of ges	station (i	n weeks	s) Post fe	ertilization age of the fetus (in weeks)			
	03/	/15/2016			_	2			10			
How were the gestar ULTRASOUND	tional ag	e and post fertilization	on age determined	d?								
ULTRASOUND												
Full name of physic	ian perfo	orming termination										
DR. CAROL DELL				-14								
	_	ming termination (number of the property) (num		city, state, ai	nd zip code)							
**Date Reported to DCS, if Patient under 14 (month, day, year):									_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	LEGE (City or to	own, of pregna BLOOM	-			County of pregna	ncy termination ONROE
26	Mar	ried Yes No	Date of pregn	nancy termina 06/09/2016	ation	Educa	tion			llege, No Degree	;
Race American Indiana Native Hawaiian		-	Asian White	☐ Black o	or Africa	n American	Unl	known er now d	☐ Not H	nic or Latino lispanic or Latino	☐ Unknown
Live Births:			2						aced termin	0	
Other Terminations		Number of spontaneous	3				Nullib	er or ma	iced termin	2	
Dates of terminations 1. UNKNOWN	(<i>Do</i>	not include this termina 2. UNKNOWN	tion. If more t			st recent.) UNKNOWN	I	5 L	JNKNOWI	N 6	
Fetus delivered alive?		If yes, length of tin	ne fetus surviv	ved:					Complic	ation(s) of Pregnar	ncy Termination
☐ Yes ■ N	lo				■ None ☐ Uterine Perforat						
E-t		If viable, medical r	£ t	-:4:				☐ I	Hemorrhage	e 🔲 Cerv	vical Laceration
Fetus viable? ☐ Yes ■ N	lo	ii viable, medicai r	eason for term	imation:				☐ I	nfection	☐ Reta	ined Products
									Other (Spec	ify)	
Pathological examina	tion	If yes, results:							` *		
performed? ☐ Yes ■ N	Jo							Did thi	torminatio	n of prognancy ros	ult in a maternal death?
res r	10							Yes			sult in a maternal death?
				Type of	Termina	ation Procedur	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsur									lifepristone)	
☐ Medical (Nonsur ☐ Medical (Nonsur									lisoprostol other (Speci	fy)	
_ `	0	, (1 33)				_	`	<i>U</i> ,	` 1	,,,,	
Medical (Surgical)	1) C	uation Curattaga				☐ Madical	(Surgio	al) Cuati	on Curettag		
☐ Medical (Surgica	al) M	Ienstrual Aspiration				■ Medical	(Surgica	al) Mens	trual Aspir		
☐ Medical (Surgica	al) U	ther (Specify)				☐ Medical	(Surgica	al) Other	(Specify)		
For Medical (Surgical	l) pro	ocedures, answer the following	owing question	on.		For Medical (Surgica	l) proced	ures, answ	er the following qu	estion.
Was the fetus viable ☐ Yes ■		ave a post fertilization a	ige at least 20	weeks?			us viable Yes		a post ferti	lization age at leas	st 20 weeks?
		as answered yes, comple	oto the follows	na avastians		_		_	n arriana d via	a accomplate the fol	lovvina avastians
1		• • •		ng questions.	•	•	•		•	s, complete the fol	lowing questions.
Was the fetus given Yes		est opportunity to survi	ve?				us given Yes		opportunit	y to survive?	
		etermination that the pro				What was tl	ne basis	for deter	mination th	at the pregnant wo	oman had a condition
that required the pro- woman?	ocedu	re to avert death or serie	ous impairmer	nt to the pregi	nant	that require woman?	d the pro	ocedure t	o avert dea	th or serious impai	rment to the pregnant
Date last normal men	ses h	egan		Physician e	estimate	of gestation (i	n weeks)	Post fer	tilization age of th	e fetus (in weeks)
	0	3/18/2016		-		12		,		10	·
How were the gestation	onal	age and post fertilization	n age determin	ned?	_			_			
OLINASOUND											
Full name of physicia	ın pei	forming termination									
DR. CAROL DELLIN	IGE	₹	_								
= -	_	orming termination (nun IDIANAPOLIS, IN 462		t, city, state, o	and zip c	code)					
	.,	32.3, 402									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE (City or t	own, of pregna	•			County of pregnam	cy termination DNROE
Patient's age** 22	Mar	ried No	Date of pregn	nancy termina 06/09/2016		Educa	tion		Bach	elor's Degree	
Race American Indiana Native Hawaiian		laska Native [Asian White	_		an American	☐ Uni	known	Ethnicity Hispa		☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Terminations	:	Number of spontaneou	s terminations 0				Numb	er of ind	uced termin	nations 0	
Dates of terminations	(Do	not include this termina		than six (6), t	those mo	ost recent.)				<u> </u>	
1		2	3			4		5	Complic	ation(s) of Pregnance	vy Tarmination
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	/ed:					•	_	
								_	None	_	ne Perforation
Fetus viable?		If viable, medical r	eason for term	nination:				∐ I	Hemorrhage	e 📙 Cervi	cal Laceration
☐ Yes ■ N	o							□ I	nfection	Retai	ned Products
									Other (Spec	ify)	
Pathological examina performed?	tion	If yes, results:									
Yes IN	lo							Did this	terminatio	n of pregnancy resu	llt in a maternal death?
								☐ Yes	s • No)	
				Type of	f Termii	nation Procedur	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsur									lifepristone	e	
Medical (NonsurMedical (Nonsur									Iisoprostol ther (<i>Speci</i>	fy)	
Madical (Sumaio	1) C	vation Cumattage				☐ Madical	(Cumaia	al) Cuati	om Cumottos		
	al) M	lenstrual Aspiration				☐ Medical	(Surgical	al) Mens	on Curettag strual Aspir		
Medical (Surgica	al) O	ther (Specify)				☐ Medical	(Surgical	al) Other	(Specify)		
For Medical (Surgical	l) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgica	l) proced	ures, answ	er the following que	estion.
		ave a post fertilization a	age at least 20	weeks?					a post ferti	lization age at least	20 weeks?
☐ Yes ☐	-					_	Yes [_			
If the previous question	on wa	as answered yes, comple	ete the followi	ng questions		If the previou	is questi	on was a	nswered ye	s, complete the foll	owing questions.
Was the fetus given		est opportunity to survi	ve?				us given Yes - [opportunit	y to survive?	
		etermination that the pro	agnant waman	had a condit	tion		_		mination th	est the program was	nan had a condition
that required the pro		re to avert death or seri-				that require					ment to the pregnant
woman?						woman?					
Date last normal men		egan 4/21/2016		Physician	estimate	e of gestation (i	n weeks	:)	Post fer	tilization age of the	fetus (in weeks)
How were the gestation		age and post fertilization	n age determin	l ned?		<u> </u>				4	
ULTRASOUND											
Full name of physicia DR. CAROL DELLIN	_	-									
		rming termination (num	nber and stree	t, city, state	and zip	code)					
= -	_	IDIANAPOLIS, IN 462									
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy term						own, of pregna BLOOM	•			County of pregnar	ncy termination ONROE
Patient's age**		. ,	Date of secon	ancy termin	nation	Educa	ntion				
Patient's age** 26	Maı	ried ■ Yes 🗌 No		iancy termin 06/09/2016		Educa	iiiOII		Some Co	ollege, No Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin	0 ation. If more ti	han six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination
☐ Yes ■ I	No				■ None ☐ Uterine Perforat						
								I	Hemorrhage	e 🔲 Cerv	ical Laceration
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				Пі	nfection	☐ Retai	ined Products
	.10										med Froducts
					Other (Spec	rify)					
Pathological examin performed?											
☐ Yes ■	Did this termination of pregnancy result in a matern										
				☐ Ye	s 🔳 No)					
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu	raica	1) Mifanristona				☐ Madical	(Noneu	raical) N	//////////////////////////////////////	a	
☐ Medical (Nonsu	ırgica	l) Misoprostol				Medical	(Nonsu	rgical) N	/lisoprostol		
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)	
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge	
☐ Medical (Surgio	al) N	Ienstrual Aspiration					(Surgic	al) Mens	strual Aspir	ration	
☐ Medical (Surgio	cai) C	iner (Specify)					(Surgic	ai) Otne	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?
	■ No		C				Yes [No	•		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.
Was the fetus give	n the	best opportunity to surv	ive?			Was the fet	us oiver	the best	opportunit	y to survive?	
Yes [Yes [_	оррогия	y to burvive.	
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant wo	man had a condition
that required the process woman?	ocedi	ire to avert death or seri	ious impairmen	nt to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant
woman:						woman:					
Date last normal men		-		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)
How were the gestat		03/30/2016 age and post fertilization	n age determin	l led?		10				8	
ULTRASOUND											
Full name of physici	an ne	rforming termination									
DR. CAROL DELLI	_	-									
	-	orming termination (num		t, city, state,	, and zip	code)					
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225											
**Date Reported to DCS, if Patient under 14 (month, day, year):										_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC	SI) (MONROE CO.) - 42 7403	21 SOUTH COLL	COLLEGE City or town, of pregnancy termination BLOOMINGTON County of pregnancy termination MONROE pregnancy termination Education					•	
The state of the state of			D (C				,·			
Patient's age** 31	Marrie	ed ■ Yes □ No		06/09/2016	ition	Educat			ool Diploma or GED)
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black or	r African A	American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		umber now living	2				Number now d		0	
Other Termination	s: N	umber of spontaneou		;			Number of ind	uced termi		
Dates of termination		ot include this termin UNKNOWN	ation. If more t			recent.) JNKNOWN	5		6	
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	ved:				Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■	No				■ None ☐ Uterine F					
								Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				nfection	□ Retair	ned Products
	.,0								_	110000
Pathological examin	ation	If yes, results:						Other (Spec	cijy)	
performed?	ation	if yes, results.								
☐ Yes ■	No						Did this ☐ Yes			lt in a maternal death?
		1						,	0	
				Type of	Termination	on Procedur	res			
Procedure that Torm	instad D	ragnangy		1,500.01				minatad D	rognonov	
Procedure that Term					A		ocedure that Ter			
Medical (Nonsu							(Nonsurgical) N (Nonsurgical) N			
Medical (Nonsu							(Nonsurgical) (
Medical (Surgional Control Contro					_		(Surgical) Sucti			
Medical (Surgion Medica		nstrual Aspiration er (Specify)					(Surgical) Mens (Surgical) Othe		ration	
For Medical (Surgic	al) proce	edures, answer the fo	llowing questic	on.	$$ $\frac{1}{F_0}$	or Medical (Surgical) proced	lures, answ	ver the following que	estion.
		e a post fertilization	• .						tilization age at least	
	No No	e a post fortimzation	age at least 20	WCCKS.			Yes No	a post ter	imzation age at least	20 Weeks.
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.	If	the previou	s question was a	nswered ye	es, complete the follo	owing questions.
	n the bes	st opportunity to surv	vive?		,	Was the fetu	us given the best Yes \text{No}	opportuni	ty to survive?	
		ermination that the pr							hat the pregnant wor	
that required the programmer woman?	rocedure	to avert death or ser	ious impairmer	nt to the pregn		that required woman?	d the procedure t	o avert dea	ath or serious impair	ment to the pregnant
Date last normal me	nses heo	an		Physician e	estimate of	gestation (i	n weeks)	Post fe	ertilization age of the	fetus (in weeks)
	03/	15/2016				8		1 350 10	6	(III (III (III (III)
How were the gestational age and post fertilization age determined?										
ULTRASOUND	LIKASOUND									
Full name of physici	an nerfo	rming termination								
DR. CAROL DELLI	NGER	-	, ,		7 :	7				
Address of physician 200 S. MERIDIAN	-	-		rt, city, state, a	and zip cod	de)				
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):					_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE Cit	ty or t	own, of pregna BLOOM	ncy terminati	ion		County of pro		y termination NROE
Patient's age**		., T	Date of mo-	nancy terminati	ion	Educat	tion					
30	Mari	ried Yes No		06/09/2016	1011	Educa	uon			ollege, No De	gree	
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black or ☐ Other	Africa	an American	Unknow	'n		y anic or Latino Hispanic or Lat	ino	Unknown
Live Births:		Number now living	2				Number no	w de		0		
Other Terminations	s:	Number of spontaneous	s terminations 0				Number of	indu	ced termi	nations 0		
Dates of termination	s (Do	not include this termina				ost recent.)						
Fetus delivered alive		If yes, length of tin		ad.		4		5	Complie	cation(s) of Pre	gnancy	Termination
Yes I		if yes, length of thi	ne retus surviv	reu.		■ None ☐ Uterine Perforation						
						■ None Uterine Perforation Hemorrhage ☐ Cervical Laceration						
Fetus viable?	No.	If viable, medical r	eason for term	nination:					nfection	_		ed Products
	NO									_	Ketaiii	ed i foducis
Pathological examina	ation	If yes, results:] 0	ther (Spec	cify)		
performed?		n yes, results.										
Yes •	No							this Yes			y result	in a maternal death?
				Type of T	<u> Fermi</u> r	nation Procedur	res					
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that	Terr	ninated P	regnancy		
☐ Medical (Nonsu							(Nonsurgical					
Medical (Nonsu	ırgical					■ Medical	(Nonsurgical (Nonsurgical (Nonsurgical) M	isoprosto	1		
iviculcai (Noiisu	ngical	, эты (эресіју)				☐ Medical	(14011201BICGI	., 0	шы (зрес	<i>49)</i>		
	*\ -						/a					
	cal) M	enstrual Aspiration				Medical	(Surgical) So (Surgical) M	1ens	trual Aspi			
Medical (Surgic	cal) O	ther (Specify)				☐ Medical	(Surgical) O	ther	(Specify)			
								_				_
For Medical (Surgica	al) pro	cedures, answer the following	lowing question	on.		For Medical (Surgical) pro	ocedi	ures, answ	ver the followin	g ques	tion.
Was the fetus viabl	le or h	ave a post fertilization a	age at least 20	weeks?			us viable or h Yes 🔲 No		a post fer	tilization age at	least 2	0 weeks?
If the previous questi	ion wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s question wa	as ar	swered y	es, complete the	e follov	wing questions.
	n the b	est opportunity to survi	ve?				us given the b		opportuni	ty to survive?		
	_	etermination that the pro	egnant women	had a conditio	on	_	_		nination t	hat the pregnan	t wom	an had a condition
		re to avert death or serie										ent to the pregnant
woman :						woilian !						
Data last normal	nece L	agan		Dhyminian s-	timat-	of gentation (n waska)		Post f	utilization ac-	of the f	etus (in weeks)
Date last normal mer		egan 4/08/2016		riiysician es	sumate	e of gestation (i	n weeks)		rost fe	runzauon age (or the r	etus (in weeks)
_	How were the gestational age and post fertilization age determined?											
ULTRASOUND	LTRASOUND											
Full name of physici	an per	forming termination										
DR. CAROL DELLI	NGEF	₹	_									
	-	rming termination (nun IDIANAPOLIS, IN 462		t, city, state, ar	nd zip	code)						
	,											
**Date Reported to	**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Addre PLANNED PARENTHOOD (F AVENUE, BLOOMINGTON, I	ess PPCSI) (MONROE (N, 47403	CO.) - 421 SOUTH COLI	LEGE City (or town, of pregna	ncy tern		County of pregnancy termination MONROE			
Patient's age** Ma	:-4	Date of press	nancy termination	Educa	ition					
17 Ma	arried Yes		06/09/2016	Edde		High Sch	ool Diploma or GED			
Race American Indiana or Native Hawaiian or C	Other Pacific Islan		☐ Black or Af	rican American		known Not	y vanic or Latino Hispanic or Latino			
Live Births:	Number now li	0				er now deceased	0			
Other Terminations:	Number of spor	ntaneous terminations 0	3		Numb	er of induced term	inations 0			
Dates of terminations (De	o not include this	•	than six (6), those	most recent.)	•					
L	2	3	1.	4	1	5	cation(s) of Pregnancy Termination			
Fetus delivered alive? ☐ Yes ■ No	II yes, leng	th of time fetus surviv	vea:			_	_			
						■ None ☐ Uterine Perforation				
Fetus viable?	If viable, m	nedical reason for term	nination:			☐ Hemorrhag	ge Cervical Laceration			
☐ Yes ■ No						Infection	☐ Retained Products			
						Other (Spe	cify)			
Pathological examination	ı If yes, resu	lts:								
performed? ☐ Yes ■ No						Did this terminati	ion of pregnancy result in a maternal death?			
						Yes N				
			Type of Ter	mination Procedu	res					
Procedure that Terminate	ed Pregnancy			Additional P	rocedure	that Terminated P	regnancy			
☐ Medical (Nonsurgical				<u> </u>		rgical) Mifepristor				
☐ Medical (Nonsurgical	al) Misoprostol			☐ Medical	(Nonsur	rgical) Misoprosto	ol			
☐ Medical (Nonsurgical	ai) Other (Specif	y)		☐ Medical	(Nonsu	rgical) Other (Spec	cify)			
Medical (Surgical)						al) Suction Curetta				
☐ Medical (Surgical) ☐ Medical (Surgical)		tion		☐ Medical	(Surgical	al) Menstrual Asp al) Other (Specify)	iration			
For Medical (Surgical) pr	rocedures answer	r the following quarti	On.	For Medical	(Surgice	1) procedures area	wer the following question.			
		• •								
Was the fetus viable or ☐ Yes ■ N		ization age at least 20	weeks'?		us viable Yes 🗀		tilization age at least 20 weeks?			
If the previous question v	was answered ves	, complete the follow	ing questions.	If the previou	ıs auesti	on was answered v	ves, complete the following questions.			
•	•	•	o 1-2000iii.		•	·				
Was the fetus given the ☐ Yes ☐ N		to survive?			us given Yes [the best opportuni	ny to survive:			
What was the basis for	determination that	at the pregnant woman	n had a condition				that the pregnant woman had a condition			
that required the proceed woman?							ath or serious impairment to the pregnant			
woman:				woman:						
Date last normal menses	began 03/25/2016		Physician estin	nate of gestation (in weeks	Post fo	ertilization age of the fetus (in weeks) 7			
How were the gestational		tilization age determin	ned?	<u> </u>			•			
ULTRASOUND										
Full name of physician po	-	ation								
DR. CAROL DELLINGE Address of physician per		ion (number and stree	et, city, state, and	zip code)						
200 S. MERIDIAN ST, I	-		.,, , orace, and	or						
**Date Reported to De	*Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	BLOOMING I ON MONROE								
Patient's age**	3.5	.:	Date of pregr	nancy termina	ation	Educa	tion					
21	Mar	ried ☐ Yes ■ No		06/09/2016	ation	Educa	tion	Bad	chelor's Degree			
Race American Indian Native Hawaiian			Asian White	■ Black o	or Africa	an American	Unknown		ty panic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Number now	deceased	0			
Other Termination	ıs:	Number of spontaneou	s terminations 0	1			Number of in	nduced term	ninations 0			
Dates of termination	is (Do	not include this termino				ost recent.)						
Fetus delivered alive	<u> </u>	If yes, length of tir	ne fetus survis			4	5.		ication(s) of Pregnan	cy Termination		
Yes •		in yes, length of th	ne retus sur viv	·cu.	■ None ☐ Uterine Perfo							
								Hemorrha	<u>-</u>	ical Laceration		
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:					_			
l les E	NO					☐ Infection ☐ Retained Products						
Pathological examin	ation	If yes, results:					⊔	Other (Sp.	есіју)			
performed?		ii yes, iesuits.										
☐ Yes ■	No							his termina es 🔳 l		alt in a maternal death?		
		1										
Type of Termination Procedures												
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsu							(Nonsurgical)					
Medical (Nonst	urgical) Misoprostol				☐ Medical	(Nonsurgical)	Misoprost	ol			
Medical (Nonsi	urgicai) Other (Specify)				Medicai	(Nonsurgical)	Other (Spe	ecify)			
		action Curettage Senstrual Aspiration					(Surgical) Su (Surgical) Me					
Medical (Surgio	cal) O	ther (Specify)				☐ Medical	(Surgical) Ot	ner (Specify)			
For Medical (Surgic	al) pro	cedures, answer the fol	lowing question	on.		For Medical ((Surgical) proc	edures, ans	wer the following que	estion.		
Was the fetus viab		ave a post fertilization	age at least 20	weeks?			us viable or ha	ve a post fe	rtilization age at least	20 weeks?		
		as answered yes, compl	ata tha fallawi	ina avastians		_	_	o marryama d	yes, complete the foll	avvina avastians		
				ing questions.			_		-	owing questions.		
	n the t	pest opportunity to surv	ive?				us given the be Yes \[\] No	est opportur	nity to survive?			
		etermination that the pr							that the pregnant wor			
that required the process woman?	rocedu	re to avert death or seri	ous impairmei	nt to the pregr	nant	that require woman?	d the procedur	e to avert d	eath or serious impair	ment to the pregnant		
Date last normal me	nses h	egan		Physician e	estimate	e of gestation (i	in weeks)	Post	fertilization age of the	e fetus (in weeks)		
	0	4/27/2016				6		2 332 1	4			
How were the gestat	How were the gestational age and post fertilization age determined?											
OLINASOUND												
Full name of physic	ian per	forming termination										
DR. CAROL DELLI	INGE	₹										
	-	orming termination (nur		et, city, state, c	and zip	code)						
**Date Reported	**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	City or t	BLOOMINGTON MONROE					*			
Patient's age**	3.7		Date of pregn	ancy termin	nation	Educ	ation				
23	Mai	ried ■ Yes 🔲 No		06/09/2016		Educ			Bach	nelor's Degree	
Race American Indiana Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numl	ber now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numl	per of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termina	ation. If more t	than six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ 1	No				■ None ☐ Uterine Perfo						ne Perforation
								П	Hemorrhag	e 🔲 Cervi	cal Laceration
Fetus viable?	No.	If viable, medical	reason for term	nination:					nfaction	□ Potoi	nad Products
☐ Yes ■ 1	NO				☐ Infection ☐ Retained Products						
									Other (Spec	cify)	
Pathological examination performed?	ation	If yes, results:									
Yes •	No						on of pregnancy resu	lt in a maternal death?			
								☐ Yes		0	
				Туре	of Termi	nation Procedu	ıres				
Procedure that Term	inate	l Pregnancy				Additional F	rocedur	e that Ter	minated Pr	egnancv	
		•								•	
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol		
		l) Other (Specify)							Other (Spec		
☐ Medical (Surgic	al) S	uction Curettage				☐ Medica	l (Suroic	eal) Sucti	on Curetta	σe	
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medica	l (Surgio	cal) Mens	strual Aspii	ration	
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medica	l (Surgio	cal) Other	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	lowing questic	on.		For Medical	(Surgical	al) proced	lures, answ	er the following que	estion.
Was the fetus viabl	le or l	nave a post fertilization	age at least 20	weeks?		Was the fe	tus viah	le or have	a post fert	ilization age at least	20 weeks?
Yes [uge at least 20	weeks:			Yes [a post tert	inzation age at least	20 WCCR3:
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.
W 4h - f-ti	. 41		:0			•	•		•	•	
was the letus given ☐ Yes ☐		best opportunity to surv	ive?				Yes [_	opportunit	ty to survive?	
What was the hasis	for d	letermination that the pr	eonant woman	had a cond	ition	What was	the basis	s for deter	mination th	hat the pregnant won	nan had a condition
that required the pr		are to avert death or seri				that requir				th or serious impair	
woman?						woman?					
						<u> </u>					
Date last normal mer		•		Physician	estimate	e of gestation	in week	s)	Post fe	rtilization age of the	fetus (in weeks)
Hanna da esta		04/24/2016		- 49		7				5	
How were the gestational age and post fertilization age determined? ULTRASOUND											
CLITATION											
Full name = f - 1 · · ·	or :	rforming to									
DR. CAROL DELLI	_	rforming termination R									
		orming termination (num	nber and stree	t, city, state,	, and zip	code)					
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225								
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Ad PLANNED PARENTHOOD AVENUE, BLOOMINGTO	O (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE (City or t	town, of pregna	•				ancy termination MONROE	
Patient's age**	Marı	ied □ Yes ■ No	Date of pregn	nancy termina 06/09/2016		Educa	tion		High Scho	ol Diploma or GI	ED	
Race American Indiana Native Hawaiian o		laska Native [☐ Asian ■ White	_		an American	☐ Un	known	Ethnicity Hispa			
Live Births:		Number now living	0				Numb	er now d	eceased	0		
Other Terminations:		Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0		
Dates of terminations	(Do	not include this termina		than six (6), t	those me	ost recent.)				<u>-</u>		
1		2				4		5	Complic	ation(s) of Pregna	ney Termination	
Fetus delivered alive? Yes No.		If yes, length of tin	ne fetus surviv	ved:				_ ,	•	_	•	
					■ None ☐ Uterine Perfora							
Fetus viable?		If viable, medical r	eason for term	nination:				☐ I	Hemorrhage	e 🗌 Cer	vical Laceration	
☐ Yes ■ No	0								nfection	Ret	rained Products	
									Other (Spec	rify)		
Pathological examinat performed?	ion	If yes, results:										
Yes N	0							Did this	terminatio	on of pregnancy re	esult in a maternal death?	
								☐ Yes				
				Type of	f Termin	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
Medical (Nonsurger									lifepriston			
Medical (NonsurgerMedical (Nonsurger									lisoprostol ther (<i>Speci</i>			
Madical (Sympion	1) C.	action Cumattage				☐ Madical	(Cumai a	al) Cuati	on Cumotto			
	l) M	enstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettag strual Aspir			
☐ Medical (Surgical	l) O	ther (Specify)				☐ Medical	(Surgic	al) Other	(Specify)			
For Medical (Surgical) pro	cedures, answer the fol	lowing question	on.		For Medical (Surgica	al) proced	ures, answ	er the following q	uestion.	
		ave a post fertilization a	age at least 20	weeks?					a post fert	ilization age at lea	ast 20 weeks?	
☐ Yes ☐						_	Yes [_				
If the previous question	n wa	s answered yes, comple	ete the following	ng questions		If the previou	s questi	ion was a	nswered ye	es, complete the fo	ollowing questions.	
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?		
		.4		. 1	4:	_		_	:			
that required the pro-		etermination that the pro- re to avert death or seri-				that require					oman had a condition airment to the pregnant	
woman?						woman?						
Date last normal mens		egan 4/15/2016		Physician	estimate	e of gestation (i	n weeks	s)	Post fer	•	he fetus (in weeks)	
How were the gestation	04/15/2016 9 7 How were the gestational age and post fertilization age determined?											
ULTRASOUND												
Full name of physician DR. CAROL DELLIN	-	-										
		rming termination (nun	nber and street	t, city, state.	and zip	code)						
200 S. MERIDIAN S		=			~ <i>T</i>							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						=		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	D (PP	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregn	ancy terminati	ion
Patient's age**	Mari	ried No	Date of pregn	nancy termina	ation	Educa	tion	ŀ	High Scho	ol Diploma or G	ED	
Race American Indiana Native Hawaiian o	or Otl	laska Native ner Pacific Islander	☐ Asian ■ White		or Africa	an American		known	Ethnicity Hispa Not H			known
Live Births:		Number now living	1				Numb	er now d	eceased	0		
Other Terminations:	:	Number of spontaneou	s terminations 0				Numb	per of ind	uced termin	nations 0		
Dates of terminations	(Do	not include this termina	v	than six (6), t	hose mo	ost recent.)						
Fetus delivered alive?	<u> </u>	If yes, length of tin		rad.		4		5	Complic	ation(s) of Pregna	ncy Terminat	ion
Yes N		if yes, length of the	ne retus surviv	/ed:					•	_	·	
						■ None ☐ Uterine Perforation						
Fetus viable?		If viable, medical r	eason for term	nination:				∐ I	Hemorrhage	e ∐ Ce	vical Lacerati	on
☐ Yes ■ N	О							☐ I	nfection	☐ Re	ained Product	S
									Other (Spec	rify)		
Pathological examinat performed?	tion	If yes, results:										
Yes N	lo							Did this	terminatio	on of pregnancy re	sult in a mate	rnal death?
								☐ Yes	s ■ No)		
				Type of	Termi	nation Procedur	res					
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy												
☐ Medical (Nonsur									lifepristone			
☐ Medical (Nonsur ☐ Medical (Nonsur									lisoprostol other (Speci			
	0	, (- <u>F</u> <u>3</u> 2)						8,	(-1	357		
	1) 0						· ·	1) 0				
Medical (SurgicaMedical (Surgica		action Curettage lenstrual Aspiration				☐ Medical	(Surgic	al) Mens	on Curettaş trual Aspir			
☐ Medical (Surgica	ıl) O	ther (Specify)				☐ Medical	(Surgic	al) Other	(Specify)			
For Medical (Surgical	l) pro	cedures, answer the fol	lowing questic	on.		For Medical (Surgica	al) proced	ures, answ	er the following o	uestion.	
		ave a post fertilization a	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at lea	st 20 weeks?	
☐ Yes ■] No						Yes [No				
If the previous question	on wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s questi	ion was a	nswered ye	es, complete the fo	ollowing quest	ions.
Was the fetus given ☐ Yes ☐		est opportunity to survi	ve?				us giver Yes [opportunit	y to survive?		
		etermination that the pro	egnant women	had a condit	tion	_		_	mination #	nat the pregnant w	roman had a co	ondition
that required the pro		re to avert death or seri-				that require				th or serious impa		
woman?						woman?						
Date last normal mens		•		Physician of	estimate	e of gestation (i	n weeks	5)	Post fer	rtilization age of t		eeks)
How were the gestation	04/16/2016 9 7 How were the gestational age and post fertilization age determined?											
ULTRASOUND												
Full name of physician DR. CAROL DELLIN	_	-										
		orming termination (num	nber and stree	t, city, state, c	and zip	code)						
= :	_	IDIANAPOLIS, IN 462			_							
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):						-		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
		<u>, </u>							
30	nancy termination 06/09/2016	Educa	tion		ollege, No Degree				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		nnic or Latino Hispanic or Latino				
Live Births: Number now living 3			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations 0			Numb	per of induced termin	-				
Dates of terminations (Do not include this termination. If more to	than six (6), those n	ost recent.)		5	6				
Fetus delivered alive? If yes, length of time fetus surviv	ved:			Complic	cation(s) of Pregnancy Termination				
☐ Yes ■ No				■ None ☐ Uterine Perforation					
Fetus viable? If viable, medical reason for term	nination:			Hemorrhage	e Cervical Laceration				
☐ Yes ■ No		☐ Infection ☐ Retained Produ							
		Other (Specify)							
Pathological examination performed? If yes, results:									
☐ Yes ■ No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?				
Type of Termination Procedures Additional Procedure that Tamping and Proce									
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Mifepristone									
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol		☐ Medical ☐ Medical	(Nonsu	rgical) Mifepriston rgical) Misoprostol	e I				
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsu	rgical) Other (Spec	ify)				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgic	al) Suction Curetta; al) Menstrual Aspir	ge ration				
Medical (Surgical) Other (Specify)		Medical	(Surgic	al) Other (Specify)					
For Medical (Surgical) procedures, answer the following question		For Medical	Surgica	l) procedures answ	ver the following question.				
Was the fetus viable or have a post fertilization age at least 20				•	cilization age at least 20 weeks?				
Yes No	weeks.		Yes [inization age at least 20 weeks.				
If the previous question was answered yes, complete the followi	ng questions.		-	·	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	ty to survive?				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment					hat the pregnant woman had a condition ath or serious impairment to the pregnant				
woman?	it to the pregnant	woman?	u tile pro	ocedure to avert dea	au or serious impairment to the pregnant				
Detailed assessed assessed	Disease								
Date last normal menses began 04/03/2016	Physician estima	te of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks) 7				
How were the gestational age and post fertilization age determing ULTRASOUND	Now were the gestational age and post fertilization age determined?								
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and stree	t, city, state, and zip	p code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregna BLOOM	ancy termi			, , ,	ancy termination MONROE
Detical and			D-/ C		-4:	1	-4: -				
Patient's age**	Marrie [ed ☐ Yes ■ No	Date of pregr	06/09/2016		Educa	ation	F		ool Diploma or G	ED
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	Unkı	nown		/ anic or Latino Hispanic or Latino	Unknown
Live Births:		umber now living	0				Number			0	
Other Termination	s: N	umber of spontaneou		<u> </u>			Number	r of indu	iced termi		
Dates of termination			v	, ,,		st recent.)				0	
I					4	l		_ 5	Complia	eation(s) of Preon:	ancy Termination
Fetus delivered alive		If yes, length of ti	me ietus surviv	vea:				erine Perforation			
Fetus viable?		If viable, medical	reason for term	nination:	n: Hemorrhage Cervical Lacera						rvical Laceration
Yes •	No				☐ Infection ☐ Retained Products						
					☐ Other (Specify)						
Pathological examin performed?	ation	If yes, results:									
Yes •	No				Did this termination of pregnancy result in a m						esult in a maternal deatl
								☐ Yes	■ N	0	
				Type of	f Termin	ation Procedu	res				
Procedure that Term	inated P	regnancy				Additional P	rocedure t	that Teri	minated Pr	regnancy	
Medical (Nonsu									lifepriston		
Medical (Nonsu									lisoprostol ther (<i>Spec</i>		
Medical (Surgional Control Contro	ral) Suc	tion Curettage				☐ Medical	(Surgical	l) Suction	on Curetta	ge	
☐ Medical (Surgio	cal) Mei	nstrual Aspiration					(Surgical	l) Mens	trual Aspi		
Medical (Surgio	cai) Oth	er (Specify)				☐ Medical	(Surgical	i) Otner	(Specify)		
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical)) proced	ures, answ	er the following o	question.
	le or hav No	re a post fertilization	age at least 20	weeks?			tus viable Yes 🔲		a post fert	tilization age at le	ast 20 weeks?
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions.	8.	If the previou	us questio	n was ai	nswered ye	es, complete the fe	ollowing questions.
	n the bes	st opportunity to surv	vive?					the best No	opportuni	ty to survive?	
	_	ermination that the p	reanant women	had a condit	tion	_	_		mination t	hat the prognant :	voman had a condition
that required the pr		to avert death or ser				that require					airment to the pregnant
woman?						woman?					
·				1 _	1				1		
Date last normal me	_	an 02/2016		Physician	estimate	of gestation (in weeks)		Post fe	_	the fetus (in weeks)
How were the gestat	ned?		-								
ULTRASOUND											
Full name of physici DR. CAROL DELLI	NGER	-									
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)					
		·									
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PPO	CSI) (MONROE CO.) - 42 47403	21 SOUTH COLLEC	GE (City or town, o	of pregna BLOOM	•		County of pregnancy termination MONROE		
Datient's age**	l		Data of museumon	n ovy tomosine	ation	Educa	tion				
Patient's age** 32	Marri	ied ■ Yes 🗌 No	Date of pregnar	6/09/2016	ation	Educa	tion		College, No Degree		
Race American Indian Native Hawaiian			Asian White	☐ Black o	or African Am	erican	☐ Un		ty panic or Latino Unknown		
Live Births:	1	Number now living	1				Numb	per now deceased	0		
Other Termination	ıs:	Number of spontaneou					Numb	per of induced term			
Dates of termination	is (Do n	not include this termin	ation. If more tha	an six (6), t	hose most rec	ent.)		5	6		
Fetus delivered alive	e?	If yes, length of ti	ne fetus survived	d:				Compl	ication(s) of Pregnancy Termination		
☐ Yes ■	No							None	☐ Uterine Perforation		
F. 11.0		TC : 11 1: 1	C		ge Cervical Laceration						
Fetus viable? Yes	No	If viable, medical	reason for termin	iation:	Infection Retained Products						
								Other (Spe	ecify)		
Pathological examin performed?	ation	If yes, results:									
Yes •	No				Did this termination of pregnancy result in a matern ☐ Yes ■ No						
								Yes • 1	No		
				Type of	f Termination	Procedu	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) M ☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) M ☐ Medical (Nonsurgical) M ☐ Medical (Nonsurgical) M ☐ Medical (Nonsurgical) M ☐ Medical (Nonsurgical) M									ol		
Medical (Surgion Medical (Surgio	cal) Me	enstrual Aspiration				Medical	(Surgic	al) Suction Curett al) Menstrual Asp al) Other (Specify	piration		
For Medical (Surgic	al) proc	cedures, answer the fo	lowing question			Medical (Survice	al) procedures ans	wer the following question.		
-	_	ive a post fertilization						_	rtilization age at least 20 weeks?		
☐ Yes [■ No	•				_		No			
		s answered yes, compl		g questions.		•	•		yes, complete the following questions.		
was the letus give		est opportunity to surv	ive?		Wa		us giver Yes [n the best opportun No	ity to survive?		
		termination that the pree to avert death or seri			nant tha				that the pregnant woman had a condition eath or serious impairment to the pregnant		
Date last normal me	nses be	gan	T	Physician (estimate of ge	station (i	in weeks	s) Post i	fertilization age of the fetus (in weeks)		
**		1/12/2016		10		8			6		
ULTRASOUND	nonal a	ge and post fertilization	n age determined	d?							
				_							
Full name of physici DR. CAROL DELLI	-	-									
	-	rming termination (num		city, state,	and zip code)						
	,										
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.)	- 421 SOUTH COLL	LEGE	City or town	n, of pregna BLOOM	•		County of pregnancy termination MONROE		
D-4:42**	1		Data of annual	:	4:	F4	4:				
Patient's age** 28	Marı	ried □ Yes ■ No	Date of pregr	06/09/201		Educa	tion		ollege, No Degree		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or African A	American	☐ Un		y vanic or Latino		
Live Births:		Number now living	3				Numb	per now deceased	0		
Other Termination	ıs:	Number of spontane		3			Numb	per of induced term	-		
Dates of termination	is (Do	not include this tern	, and the second	, ,		recent.)		5	6		
Fetus delivered alive	e?		f time fetus surviv		4				cation(s) of Pregnancy Termination		
Yes I	No							■ None	☐ Uterine Perforation		
Fetus viable?		If viable medic	al reason for term	nination:				☐ Hemorrha	ge Cervical Laceration		
Yes •	No	n viable, medic	ai reason for term	illiation.	☐ Infection ☐ Retained Products						
					☐ Other (Specify)						
Pathological examin performed?	ation	If yes, results:									
Yes •	No				Did this termination of pregnancy result in a materi						
								Yes N	10		
				Type	of Terminati	on Procedui	res				
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Medical (Nonsu		•						rgical) Mifepristor			
Medical (Nonsu	ırgical					Medical	(Nonsu	argical) Misoprosto	ol		
		, (- <u>-</u>				-		<i>3</i> ··· , ··· (- <i>1</i> ··	. 377		
Medical (Surgio	cal) Su	iction Curettage			-	7 Medical	(Surgic	al) Suction Curetta	age		
	cal) M	enstrual Aspiration				Medical	(Surgic	cal) Menstrual Asp	iration		
		(-F 95)				•	(, (- <u>F</u> <u>3</u> 2)			
For Medical (Surgic	al) pro	cedures, answer the	following question	on.		or Medical (Surgica	al) procedures, answ	wer the following question.		
-	_	ave a post fertilizati						•	tilization age at least 20 weeks?		
	☐ No					<u> </u>	_	☐ No	· ·		
If the previous quest	ion wa	is answered yes, cor	nplete the followi	ing question	is. If	the previou	s questi	ion was answered y	es, complete the following questions.		
Was the fetus give Yes		est opportunity to s	urvive?		,		us giver Yes [n the best opportun	ity to survive?		
		etermination that the							that the pregnant woman had a condition		
woman?	rocedu	re to avert death or	serious impairmei	nt to the pre	-	that required woman?	d the pr	ocedure to avert de	ath or serious impairment to the pregnant		
Date last normal me		egan 4/23/2016		Physician	n estimate of	gestation (i	n weeks	Post f	ertilization age of the fetus (in weeks) 4		
How were the gestational age and post fertilization age determined?									7		
ULTRASOUND	TRASOUND										
Full name of physici	ian ner	forming termination	<u> </u>								
DR. CAROL DELLI	NGEF	₹									
Address of physician 200 S. MERIDIAN	-	-		et, city, state	e, and zip cod	te)					
		·									
**Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PP0	CSI) (MONROE CO.) - 4	21 SOUTH COLLE	BLOOMING I ON MONROE					•			
Datient's eac**			Date of maca	anov to-	nation	Educ	ation.				1	
Patient's age** 31	Marri	ied □ Yes ■ No	Date of pregna	ancy termi 06/09/201		Educ	анОП		Bach	elor's Degree		
Race American Indian Native Hawaiian			☐ Asian ☐ White	■ Black		nn American		Unknown	Ethnicity Hispa Not H	nnic or Latino Hispanic or Latino	☐ Unknown	
Live Births:	1	Number now living	2				Nu	ımber now de		0		
Other Termination	s:	Number of spontaneou					Nu	mber of indu	iced termin			
Dates of termination 1. 09/10/2013	s (Do n	not include this termin	eation. If more th	nan six (6),	, those mo	ost recent.)		5		6		
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:					Complic	ration(s) of Pregnar	ncy Termination	
☐ Yes ■ I	No							■ N	lone	☐ Uter	rine Perforation	
											vical Laceration	
Fetus viable? Yes I	No	If viable, medical	reason for termi	ination:					nfection		ined Products	
	110										inica i roducts	
B.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d.d		TC 1.						\perp	Other (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No										ult in a maternal death?	
								☐ Yes	■ No)		
Type of Termination Procedures												
Procedure that Term	inated l	Pregnancy				Additional I	roced	lure that Terr	minated Pr	egnancy		
☐ Medical (Nonsu								nsurgical) M				
Medical (Nonsu		Misoprostol Other (Specify)						nsurgical) M nsurgical) O				
	8	(24 43)					- ((~ <i>I</i>	337		
Medical (Surgio		ction Curettage enstrual Aspiration						gical) Suction				
Medical (Surgio								gical) Other				
For Medical (Surgical	al) proc	cedures, answer the fo	llowing question	n.		For Medical	(Surg	gical) proced	ures, answ	er the following qu	estion.	
								, , 1		0 1		
	No	ve a post fertilization	age at least 20 v	weeks?				□ No	a post tert	ilization age at leas	at 20 weeks?	
If the previous quest	ion was	s answered yes, comp	lete the followin	ng question	ns.	If the previo	us que	estion was ar	nswered ye	es, complete the fol	lowing questions.	
		est opportunity to surv		0 1		Was the fe	tue oi	van the best	opportunit	y to survive?		
Yes [est opportunity to surv	/140:					□ No	оррогили	y to survive:		
What was the basis	s for de	termination that the p	regnant woman	had a cond	dition	What was	the ba	asis for deteri	mination th	nat the pregnant wo	oman had a condition	
that required the pr woman?	ocedur	e to avert death or ser	ious impairment	t to the pre	egnant	that requir woman?	ed the	procedure to	o avert dea	th or serious impai	rment to the pregnant	
						Giliuli i						
Date last normal men		gan 1/06/2016		Physicia	n estimate	of gestation and of the of gestation of the officers of the of	(in we	eeks)	Post fer	rtilization age of th 9	· ·	
How were the gestat		ge and post fertilization	on age determine	ed?		• •						
ULTRASOUND												
Full name of physici	_	-										
DR. CAROL DELLI			mbor and atom	aits etal	a and -:-	coda)						
200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		, cuy, state	z, ana zip	coue)						
**Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregnand MO	cy termination		
Patient's age**			Date of pregn	anov to-	nation	Educa	tion				1		
17	Maı	ried □ Yes ■ No		06/09/2016		Educa	tion	ļ	High Scho	ol Diploma or GED)		
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	1				Numb	er now d	leceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)							
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination		
	.10								None	☐ Uterir	ne Perforation		
Fetus viable?		If viable, medical	massam fan tanna	in ation.				□ I	Hemorrhag	e 🔲 Cervi	cal Laceration		
Yes I	No	ii viable, medicai	reason for term	imation:				Пі	Infection	☐ Retair	ned Products		
										_			
		70 1							Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No									on of pregnancy resu	lt in a maternal death?		
								☐ Ye	s 🔳 No)			
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional Pr	ocedure	e that Ter	minated Pr	regnancy			
		•								•			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		Other (Specify)							Other (Spec				
☐ Medical (Surgic	2 (le	uction Curettage					(Surgic	al) Sucti	ion Curetta	ge			
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration			
☐ Medical (Surgio	cal) C	ther (Specify)			Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	ıl) proced	dures, answ	er the following que	stion.		
Was the fetus viable	le or l	ave a post fertilization	age at least 20	weeks?		Was the fet	ue viahl	e or have	a nost fert	ilization age at least	20 weeks?		
			age at least 20	weeks:			Yes [a post tert	mzation age at least	20 weeks:		
If the previous quest	ion w	as answered yes, compl	lete the following	ng questions	S.	If the previou	ıs guesti	ion was a	nswered ve	es, complete the follo	owing questions.		
				8 1		_	_		-	_	& 1 · · · ·		
was the fetus gives		pest opportunity to surv	ive?				us giver Yes	_	opportunit	y to survive?			
What was the basis	ford	etermination that the pr	eanant woman	had a condi	ition	What was t	ha hacic	for datas	mination t	hat the pregnant won	an had a condition		
that required the pr		re to avert death or ser				that require				th or serious impairr			
woman?						woman?							
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in weeks	5)	Post fe	rtilization age of the	fetus (in weeks)		
		4/20/2016				6				4	·		
How were the gestat													
ULTRASOUND													
	_	rforming termination											
DR. CAROL DELLI			mbor and ator	t aits atat:	and =i-	coda)							
	-	orming termination (number of the NDIANAPOLIS, IN 46		i, city, state,	ина zip	coue)							
	,		-										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOL AVENUE, BLOOMINGT	OD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	_EGE Ci	ity or t	own, of pregna BLOOM	ncy terminatio	n	County of pregna	ncy termination ONROE			
Patient's age**	3.4	wind T	Date of pregr	nancy terminat	tion	Educat	tion						
20	Mar	ried ☐ Yes ■ No		06/09/2016	non	Educa	Hon	А	ssociate Degree				
Race American Indian Native Hawaiian			Asian White	☐ Black or	Africa	an American	Unknown		city ispanic or Latino ot Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	0				Number now	deceased	0				
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of in	nduced ter	rminations 0				
Dates of termination	is (Do	not include this termina				ost recent.)							
Fetus delivered alive		If yes, length of tir		red:		1	5.		plication(s) of Pregnan	cy Termination			
Yes I		in yes, length of the	ne retus sur viv	rea.				None	☐ Uter	ine Perforation			
								Hemorrh	_	rical Laceration			
Fetus viable? Yes	No	If viable, medical i	reason for term	nination:				Infection		ined Products			
l les 🗀	NO									med Floducts			
Pathological examin	ation	If yes, results:					'	Other (S	pecify)				
performed?		if yes, results.											
☐ Yes ■	No								ation of pregnancy res No	ult in a maternal death?			
		1											
Type of Termination Procedures													
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that T	'erminated	l Pregnancy				
☐ Medical (Nonsu		•					(Nonsurgical)						
Medical (Nonsu	ırgical) Misoprostol				Medical	(Nonsurgical)	Misopro	stol				
Medical (Nonst	ırgıca) Other (Specify)				Medical	(Nonsurgical)	Otner (S)	pecify)				
		uction Curettage Ienstrual Aspiration					(Surgical) Su (Surgical) Me						
Medical (Surgio	cal) C	ther (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	ocedures, answer the fol	lowing question	on.		For Medical (Surgical) proc	edures, ar	nswer the following qu	estion.			
Was the fetus viab		ave a post fertilization a	age at least 20	weeks?			us viable or ha	ve a post	fertilization age at leas	t 20 weeks?			
		as answered yes, compl	ete the followi	ng questions		_	_	s answere	d yes, complete the fol	lowing questions			
		pest opportunity to survi		ng questions.		_			unity to survive?	towing questions.			
	No		ive:				res No	st opport	unity to survive:				
		etermination that the pr							on that the pregnant wo				
that required the pi woman?	rocedu	ire to avert death or seri	ous impairmei	nt to the pregna	ant	that required woman?	d the procedur	e to avert	death or serious impair	rment to the pregnant			
Date last normal me	nses b	egan		Physician es	stimate	e of gestation (i	n weeks)	Pos	t fertilization age of the	e fetus (in weeks)			
II a		4/02/2016	•			8			6				
How were the gestational age and post fertilization age determined? ULTRASOUND													
Full name of physici													
DR. CAROL DELLI		Rorming termination (num	nher and stree	t city state a	ınd zin	code)							
	-	IDIANAPOLIS, IN 462		., сыу, ыше, и	u Lip	couc _j							
**D-/ D	L DO	C :CD-4:	17 3 4										
muate Reported t	io DC	S, if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna BLOOM	•			County of pregnar	ncy termination ONROE		
Patient's age**			Date of pregn	anov to-	nation	Educa	tion				1		
28	Maı	ried ☐ Yes ■ No		06/09/2016		Educa	шоп		Some Co	ollege, No Degree			
Race American Indian Native Hawaiian		ılaska Native	Asian White	_	or Africa	an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	3				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations			
Dates of termination 1. UNKNOWN	s (Do	not include this termin		han six (6),		ost recent.)		5		6			
Fetus delivered alive	?	If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ I	No							1	None	☐ Uteri	ne Perforation		
								Пі	Hemorrhage	e 🗆 Cerv	ical Laceration		
Fetus viable?	_	If viable, medical	reason for term	nination:					Ü	_			
☐ Yes ■ I	No							☐ I	nfection	☐ Reta	ned Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed?	Nο							Did this	s terminatio	on of pragnancy res	alt in a maternal death?		
	110							Yes			int in a maternal death?		
	_			Type o	of Termi	nation Procedu	res						
D 1 4		I.D.		1,500				4					
Procedure that Term	ınateo	1 Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
Medical (NonsuMedical (NonsuMedical (Nonsu	rgica					☐ Medical	(Nonsu	rgical) N	Mifepristono Misoprostol Other (Speci				
	0	(-1-33)						8 /	(-7	337			
		uction Curettage Ienstrual Aspiration			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration								
☐ Medical (Surgio						Medical (Surgical) Other (Specify)							
For Medical (Surgice	al) pr	ocedures, answer the fo	llowing questio			For Medical (Surgical) procedures, answer the following question.							
	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
	e or i	have a post fertilization	age at least 20	weeks?			us viabi Yes [a post tert	ilization age at leas	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.		
Was the fetus given Yes		best opportunity to surv	ive?				us giver Yes 🏻	_	opportunit	y to survive?			
		etermination that the pr									man had a condition		
that required the pri woman?	ocedi	ire to avert death or ser	ious impairmen	it to the preg	gnant	that require woman?	d the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Date last normal men		egan 04/23/2016		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	e fetus (in weeks)		
How were the gestat		age and post fertilization	n age determin	l ied?		U				4			
ULTRASOUND			<u> </u>										
Full name of physici DR. CAROL DELLI	-	rforming termination											
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN S	51,1	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE				
<u> </u>									
21 Yes No	ancy termination 06/09/2016	Educat	tion		ol Diploma or GED				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Unl		unic or Latino Iispanic or Latino				
Live Births: Number now living 1				er now deceased	0				
Other Terminations: Number of spontaneous terminations 0			Numbe	er of induced termin	nations 0				
Dates of terminations (Do not include this termination. If more to		nost recent.)		5.	6.				
Fetus delivered alive? If yes, length of time fetus surviv				Complic	ration(s) of Pregnancy Termination				
☐ Yes ■ No				None	☐ Uterine Perforation				
Fetus viable? If viable, medical reason for term	ination:			Hemorrhage	e Cervical Laceration				
☐ Yes ■ No				☐ Infection	☐ Retained Products				
				Other (Spec	rify)				
Pathological examination performed? If yes, results:									
☐ Yes ■ No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?				
	Type of Termi	Termination Procedures							
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	egnancy				
			(Nonsur	gical) Mifepristono gical) Misoprostol gical) Other (Speci					
Interior (Consultation)			(11011541	groun, outer (speed	997				
Medical (Surgical) Suction Curettage				al) Suction Curettag					
☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)		☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical) procedures, answer the following question	on.	For Medical (Surgical	l) procedures, answ	er the following question.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		ıs viable ∕es □		ilization age at least 20 weeks?				
If the previous question was answered yes, complete the following	ng questions.	If the previou	s questio	on was answered ye	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			ıs given ∕es □	the best opportunit No	y to survive?				
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairment woman?					nat the pregnant woman had a condition th or serious impairment to the pregnant				
	T								
Date last normal menses began 04/09/2016	Physician estimat	te of gestation (in	n weeks,) Post fer	rtilization age of the fetus (in weeks) 6				
How were the gestational age and post fertilization age determin ULTRASOUND	ed?			1					
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	t, city, state, and zip	o code)							
**Date Reported to DCS, if Patient under 14 (month, day, year):									

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42 47403	21 SOUTH COLL	.EGE	City or t	own, of pregn	ancy terr			County of pregnan	cy termination		
Dationt's**			Doto of	noncer to:	notic-	l r i	otics						
Patient's age** 38	Marri	ied ■ Yes 🔲 No	Date of pregn	nancy termin 06/09/2016		Educ	аноп		Asso	ociate Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	1	Number now living	3				Numb	er now d	eceased	0			
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin				
Dates of termination	ns (Do n	not include this termin	ation. If more t		those me	ost recent.)		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	ration(s) of Pregnand	y Termination		
☐ Yes ■	No							■ N	None	☐ Uteri	ne Perforation		
								☐ F	Hemorrhago	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products		
									Other (Spec	_			
Pathological examin	ation	If yes, results:							Julei (Spec	<i>(</i> 1, <i>y</i>)			
performed?	iation	ir yes, resuits.											
☐ Yes ■	No							Did this ☐ Yes			lt in a maternal death?		
<u>L</u>		1											
				Type	of Termi	nation Procedu	ires						
December of the		D		Туре	or 1011111				15				
Procedure that Term	inated	Pregnancy				Additional F				•			
Medical (Nonsu						☐ Medica ☐ Medica	l (Nonsu l (Nonsu	rgical) M	Aifepristone Aisoprostol	e			
		Other (Specify)							Other (Speci				
Medical (Surgional Control Contro	cal) Su	ction Curettage				☐ Medica	l (Surgic	al) Sucti	on Curettag	ge			
☐ Medical (Surgion Med		enstrual Aspiration							strual Aspir	ration			
	,	(-F95)				☐ Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) proc	cedures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
		ve a post fertilization						_		ilization age at least			
	■ No	ive a post tertifization	age at least 20	WCCK5:			Yes [a post tert	mzation age at least	20 WCCRS:		
If the previous quest	tion wa	s answered yes, compl	lete the following	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus give		est opportunity to surv	vive?				tus giver Yes [opportunit	y to survive?			
		termination that the pr								nat the pregnant wor			
that required the programmer woman?	rocedur	e to avert death or seri	ious impairmer	nt to the pre	gnant	that requir woman?	ed the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant		
Date last normal me	ngas ha	gan		Physician	a ectimate	e of gestation	in week	c)	Dost for	rtilization age of the	fetus (in wooks)		
Date last normal file		NKNOWN		1 mysiciali	. commat	8	ii week	•/	1 031 101	6	ious (in weeks)		
_	tional a	ge and post fertilization	on age determin	ned?									
ULTRASOUND													
E.II	′	· · · · · · · · · · · · · · · · · · ·											
Full name of physics	INGER												
	-	rming termination (num DIANAPOLIS, IN 46		t, city, state,	, and zip	code)							
**Date Reported	to DCS	S, if Patient under 1	4 (month, day,	year):						_			

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DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregn BLOO	ancy term			County of preg	gnancy MON		
Dations' **			Dotf	nomor-t- '	. oti	F-1	ntio						
Patient's age** 33	Marrie	ed ☐ Yes ■ No	Date of pregr	06/09/2016		Educa	ation		8th (Grade or Less			
Race American Indian Native Hawaiian	or Othe	r Pacific Islander	☐ Asian ☐ White	☐ Black of Other	or Africa	n American		known	■ Not I	y anic or Latino Hispanic or Latin	10	☐ Unknown	
Live Births:	N	umber now living	2				Numb	er now d	eceased	0			
Other Termination	s: N	umber of spontaneou	us terminations 0	3			Numb	er of ind	uced termi	nations 0			
Dates of termination	,		,	(//		st recent.)	1			-			
Fetus delivered alive		If yes, length of ti			4	l		5	Complie	cation(s) of Pregr	nancy '	Termination	
Yes I		ii yes, ieligili oi ti	ille fetus surviv	veu.				1	1	_	•	Perforation	
								_					
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag			Laceration	
☐ Yes ■ 1	No							∐ I	nfection	∐ R	Letaineo	l Products	
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No										result i	n a maternal death?	
								☐ Yes	s 🔳 N	0			
				Т	of Termination Procedures								
				Type o	or rermin								
Procedure that Term		•				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprosto				
Medical (Nonsu									Other (Spec				
Medical (Surgio									on Curetta				
Medical (Surgion Medica		nstrual Aspiration er (Specify)			☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)								
					Interior (original) originally original (opensy)								
For Medical (Surgic	al) proce	edures answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
		re a post fertilization					_	_		tilization age at 1	_		
	No	e a post fertifization	age at least 20	weeks:			Yes [a post ter	imzation age at i	east 20	weeks?	
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	s.	If the previo	us questi	on was a	nswered y	es, complete the	follow	ing questions.	
	_	st opportunity to surv	vive?						opportuni	ty to survive?			
	☐ No						Yes [No					
		ermination that the protocol to avert death or ser										n had a condition nt to the pregnant	
woman?			r	1 2		woman?						1 18	
<u> </u>													
Date last normal me	_			Physician	estimate	of gestation (in weeks	·)	Post fe	ertilization age of		tus (in weeks)	
How were the gestat		17/2016 e and post fertilization	on age determin	ned?		7					5		
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
	,	52.5, 11, 40											
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,						_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE	City or t	own, of pregn BLOO	ancy terr			County of pregnar	ncy termination ONROE		
Patient's age**	1 · /	mind	Date of pregn	nancy termin	nation	Educ	ation				1		
30	Mai	ried ☐ Yes ■ No		06/09/2016		Lauc			Bach	nelor's Degree			
Race American Indian Native Hawaiian			Asian White	Black Other		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	4				Numb	per now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	per of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)	1			<u> </u>			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
								• 1	None	☐ Uter	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhag	e 🗌 Cerv	ical Laceration		
☐ Yes ■ I	No							□ I	nfection	☐ Reta	ned Products		
									Other (Spec	cify)			
Pathological examin	ation	If yes, results:											
performed?	. T							=					
☐ Yes ■	No							Did this		on of pregnancy res	alt in a maternal death?		
		•											
				Type o	of Termi	nation Procedu	ıres						
Drogodyna that Ta	inat-	1 Dragnan av		-, pc (- 2			a that T-	minoto 1 D	rognong.			
Procedure that Term		•				Additional P							
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Medical (Surgio	al) S	uction Curettage				☐ Medica	(Surgic	al) Sucti	on Curetta	ge			
	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspir	ration			
in Medical (Surgio	ai) C	инег (зресцу)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
		nave a post fertilization	age at least 20	weeks?					a post fert	ilization age at leas	20 weeks?		
☐ Yes [_ No)				_	Yes	_					
If the previous quest	ion w	as answered yes, compl	ete the following	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the foll	owing questions.		
		best opportunity to surv	ive?			_	_	_	opportunit	y to survive?			
☐ Yes ☐	_					_	Yes [
		letermination that the pa are to avert death or seri									man had a condition ment to the pregnant		
woman?			•	1 .		woman?	•			•	1 0		
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in week	s)	Post fe	rtilization age of the	e fetus (in weeks)		
		04/15/2016				6				4			
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ned?									
CLINAGOUND													
Full name of above: -:	or re	rforming tormination											
DR. CAROL DELLI	_	rforming termination R											
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to		ncy termination	n	County of pregnan	cy termination DNROE			
Detical and			Der C		-4:		4:						
Patient's age** 34	Marri	ed Yes I No	Date of pregr	06/02/2016		Educa	tion		ociate Degree				
Race American Indian Native Hawaiian			☐ Asian ■ White	Black of Other	or Africa	n American	Unknown		y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	N	Number now living	3				Number now	deceased	0				
Other Termination	s: N	Number of spontaneou		;			Number of in	duced termi					
Dates of termination	s (Do n	ot include this termin	ation. If more t			st recent.)	5.		6				
Fetus delivered alive	?	If yes, length of ti						Compli	cation(s) of Pregnand	y Termination			
Yes I	No						•	■ None ☐ Uterine Perforation					
								Hemorrhag	ge 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				Infection	_	ned Products			
	INO								_	ned I foducts			
D.1.1.1.1.		76 1						Other (Spe	cify)				
Pathological examin performed?	ation	If yes, results:											
☐ Yes ■	No								1 0	It in a maternal death?			
								es 🔳 N	0				
				Type of	e of Termination Procedures								
D 1 3 5				1 ype oi	1 101111111								
Procedure that Term	inated I	Pregnancy				Additional Pr	rocedure that To	erminated P	regnancy				
Medical (Nonsu Medical (Nonsu							(Nonsurgical) (Nonsurgical)						
Medical (Nonsu							(Nonsurgical)						
Medical (Surgional Control Contro	eal) Suc	ction Curettage				Medical	(Surgical) Suc	tion Curetta	nge				
☐ Medical (Surgio	cal) Me	nstrual Aspiration			Medical (Surgical) Menstrual Aspiration								
Medical (Surgio	cai) Otr	ier (<i>Specify</i>)			☐ Medical (Surgical) Other (Specify)								
						For Medical (Surgical) procedures, answer the following question							
For Medical (Surgical	al) proc	edures, answer the fo	llowing question	on.		estion.							
	le or ha No	ve a post fertilization	age at least 20	weeks?			us viable or hav Yes 🔲 No	e a post fer	tilization age at least	20 weeks?			
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previou	s question was	answered y	es, complete the follo	owing questions.			
	n the be	st opportunity to surv	vive?				us given the be	st opportuni	ty to survive?				
		ermination that the p							that the pregnant wor				
that required the programmer woman?	rocedure	e to avert death or ser	ious impairme	nt to the preg	gnant	that require woman?	d the procedure	to avert de	ath or serious impair	ment to the pregnant			
Date last normal me	nses ha	7an		Physician	estimato	of gestation (i	in weeks)	Post fo	ertilization age of the	fetus (in wooks)			
Date last normal me		yan /01/2016		1 mysician	commate	8	n weeks)	rost 16	ertifization age of the	icius (iii weeks)			
	ional ag	ge and post fertilization	on age determin	ned?									
ULTRASOUND													
Full nome£ . 1	ion == C	amino tamino											
Full name of physici	NGER		, ,		, .	7.)							
200 S. MERIDIAN	-	ming termination (nu DIANAPOLIS, IN 46		et, city, state,	and zip c	code)							
**Date Reported t	to DCS	, if Patient under 1	4 (month, day,	year):					_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	own, of pregna	•			County of pregnand	cy termination			
Patient's age**			Date of pregn	nanovi towari	nation	Educa	tion							
19	Mar	ried □ Yes ■ No		06/02/2016		Educa	tion	1	High Scho	ol Diploma or GED)			
Race American Indiana Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		known	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown			
Live Births:		Number now living	1				Numb	er now d	eceased	0				
Other Terminations	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termii	nations 0				
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)								
1		2	3			4		5		6				
Fetus delivered alive Yes 1		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination			
	10							• 1	None	☐ Uterir	ne Perforation			
F. 1110		TC : 11 1: 1	· ·					□ I	Hemorrhag	e 🔲 Cervi	cal Laceration			
Fetus viable? Yes I	No	If viable, medical	reason for term	iination:				Пі	nfection	☐ Retair	ned Products			
										_	100 110000			
5.1.1.1		70							Other (Spec	rify)				
Pathological examination performed?	ation	If yes, results:												
Yes •	No									on of pregnancy resu	lt in a maternal death?			
								☐ Ye	s 🔳 No)				
				Туре	of Termi	nation Procedu	res							
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure	e that Ter	minated Pr	regnancy				
										•				
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol					
☐ Medical (Nonsu	rgica) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Spec	ify)				
Medical (Surgic	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge.				
☐ Medical (Surgic	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ration				
☐ Medical (Surgic	al) C	ther (Specify)				Medical (Surgical) Other (Specify)								
For Medical (Surgica	al) pro	ocedures, answer the following	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	stion.			
Was the fetus viabl	e or h	ave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	e or have	a post fert	ilization age at least	20 weeks?			
Yes [age at reast 20	Weeks.			Yes [u post rer	meanon ago at rouge	20 Weeks.			
If the previous questi	ion w	as answered yes, compl	ete the followi	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	wing questions.			
Was the fetus giver	, tha i	pest opportunity to surv	ivo?			Was the fet	ne oiver	tha bast	onnortunit	y to survive?				
Yes [ive:				Yes [_	оррогши	y to survive:				
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	mination th	hat the pregnant won	nan had a condition			
that required the pr		re to avert death or seri				that require				th or serious impairr				
woman?						woman?								
						1								
Date last normal mer	ises b	egan		Physician	estimate	e of gestation (n weeks	5)	Post fe	rtilization age of the	fetus (in weeks)			
		4/11/2016				7				5				
_	ional	age and post fertilization	n age determin	ned?										
ULTRASOUND														
Full name of physici DR. CAROL DELLI	_	-												
		orming termination (num	mber and stree	t, city, state.	, and zip	code)								
	-	IDIANAPOLIS, IN 46		, , ,	~~~	• /								
**Date Reported to	S, if Patient under 14	4 (month, day	vear):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	21 SOUTH COLL	_EGE	City or	town, of pregn	ancy terr			County of pregnam	cy termination DNROE		
The state of the s	1		D. C			T = .							
Patient's age** 27	Marı	ried Yes No	Date of pregn	nancy termin 06/02/2016		Educ	ation			ster's Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin	nations			
Dates of termination	is (Do i	not include this termin	ation. If more t	than six (6),	those m	ost recent.)	1			0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	eation(s) of Pregnand	cy Termination		
☐ Yes ■	NO								None	☐ Uteri	ne Perforation		
F		76 : 11 1: 1	· ·					□ I	Hemorrhag	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				П	nfection	☐ Retai	ned Products		
									Other (Spec				
Pathological examin	ation	If yes, results:							эшег (зрес	<i>(1)</i>			
performed?	iation	ii yes, iesuits.											
☐ Yes ■	No							Did this			Ilt in a maternal death?		
							ļ		, <u> </u>	<i>.</i>			
				T	-t.T	4: P - 1							
				Туре	of Termi	nation Procedu	ires						
Procedure that Term	inated	Pregnancy				Additional F	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu						☐ Medica	l (Nonsu	rgical) N	lifepriston	e			
Medical (Nonsu Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)				☐ Medica ☐ Medica	l (Nonsu: l (Nonsu:	rgical) N rgical) C	Aisoprostol Other (Spec	ify)			
	1) 0						1./0 :	1) 0 .:					
☐ Medical (Surgion Med		enstrual Aspiration				☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration							
Medical (Surgio	cal) O	ther (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	ıl) proced	lures, answ	er the following que	estion.		
Was the fetus viab	le or h	ave a post fertilization	age at least 20	weeks?		Was the fe	tus viabl	e or have	a post fert	ilization age at least	20 weeks?		
☐ Yes [Yes [
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng question	ıs.	If the previo	us questi	on was a	nswered ye	es, complete the follo	owing questions.		
Was the fetus give	n the b	est opportunity to surv	vive?			Was the fe	tus given	the best	opportunit	y to survive?			
☐ Yes [Yes [
		etermination that the p								hat the pregnant wor			
woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	woman?	ed the pro	ocedure t	o avert dea	ith or serious impair	ment to the pregnant		
Date last normal me	neec h	Poan		Physician	ı estimat	e of gestation	in wook	:)	Post for	rtilization age of the	fetus (in weeks)		
Date last normal file		4/11/2016		1 mysicial	. comidi	7	III WEEKS	''	1 051 10.	5	ious (in weeks)		
_	tional a	ge and post fertilization	on age determin	ned?					•				
ULTRASOUND													
Full name of physici DR. CAROL DELLI	-	-											
		rming termination (nu	mber and stree	t, city, state	, and zip	code)							
	-	DIANAPOLIS, IN 46		<u> </u>	- r	· 							
**Date Reported t	to DC	S, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	_EGE (City or to	own, of pregn BLOOI	ancy tern			, , ,	ancy termination MONROE		
Detical and			D-/ C		-4:	1 = -	-41.						
Patient's age** 35	Marrie [ed ☐ Yes ■ No	Date of pregr	06/02/2016		Educa	ation	ŀ		ool Diploma or G	ED		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unl	known		/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:	N	umber now living	2				Numb	er now d		0			
Other Termination	s: N	umber of spontaneou		ļ			Numb	er of ind	uced termi				
Dates of termination			•			est recent.)				0			
Fetus delivered alive		If yes, length of ti			4	·		5	Complia	cation(s) of Pregna	ancy Termination		
Yes I		ii yes, ieligili oi ti	ille fetus surviv	veu.				■ N		_	erine Perforation		
										_			
Fetus viable?		If viable, medical	reason for term	nination:					Hemorrhag		rvical Laceration		
Yes •	No								nfection	Re	tained Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s termination	on of pregnancy re	esult in a maternal death?		
								☐ Yes	s I N	0			
				Type of	f Termin	ation Procedu	ires						
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (Nonsu									lifepriston				
Medical (Nonsu Medical (Nonsu									lisoprostol other (Spec				
Medical (Surgio	nal) Suc	tion Curattaga				☐ Medical	l (Surgice	1) Sucti	on Curatta				
☐ Medical (Surgio	cal) Mei	nstrual Aspiration			Medical (Surgical) Menstrual Aspiration								
Medical (Surgio	cal) Oth	er (Specify)			Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
	le or hav ☐ No	re a post fertilization	age at least 20	weeks?			tus viable Yes 🗀		a post fert	tilization age at lea	ast 20 weeks?		
If the previous quest	ion was	answered yes, comp	lete the followi	ng questions	3.	If the previo	us questi	on was a	nswered ye	es, complete the fo	ollowing questions.		
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?			
	_	ermination that the p	reanant women	had a condi	tion	_	_	_	mination f	hat the prognant	oman had a condition		
that required the pr		to avert death or ser				that require					airment to the pregnant		
woman?						woman?							
Date last normal me	_	an 28/2016		Physician	estimate	of gestation (in weeks)	Post fe	_	he fetus (in weeks)		
How were the gestat			on age determin	ned?		<u> </u>							
ULTRASOUND													
Full name of physici DR. CAROL DELLI	NGER	-											
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)							
	,	,											
**Date Reported t	to DCS,	if Patient under 1	4 (month, day,	 year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or t	own, of pregna				County of pregnat	ncy termination DNROE
Patient's age** 26	Mai	ried No	Date of pregn	nancy termina 06/02/2016		Educa	tion		Bach	elor's Degree	
Race American Indiana Native Hawaiian		her Pacific Islander [Asian White	☐ Black o	or Africa	an American		known	☐ Not H	nic or Latino lispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Terminations	s:	Number of spontaneous	s terminations 0				Numb	er of ind	uced termin	nations 1	
Dates of termination	s (Do	not include this termina	v	than six (6), ti	hose mo	ost recent.)					
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	ved:		4		5	Complic	ation(s) of Pregnan	cy Termination
Yes I		in yes, rengui or un	io recas sur ere	ca.				■ N	None	☐ Uter	ne Perforation
								_	Hemorrhage	_	ical Laceration
Fetus viable?	.T.	If viable, medical r	eason for term	nination:					C	_	
☐ Yes ■ 1	NO								nfection	_	ined Products
Data to the state of		TC 1							Other (Spec	ify)	
Pathological examination performed?	ation	If yes, results:									
☐ Yes ■	No							Did this			alt in a maternal death?
									<u> </u>	<u>'</u>	
Type of Termination Procedures											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy											
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone											
☐ Medical (Nonsu☐ Medical (Nonsu									Iifepristone Iisoprostol	•	
☐ Medical (Nonsu	rgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) C	ther (Speci	fy)	
Medical (Surgic									on Curettag		
☐ Medical (Surgice ☐ Medical (Surgice ☐ Medical (Surgice ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Ienstrual Aspiration Other (Specify)							strual Aspir (Specify)	ation	
For Medical (Surgical	al) nro	ocedures, answer the following	lowing questic	on.		For Medical (Surgica	1) proced	ures answ	er the following qu	estion
_	_						_	_			
Was the fetus viable Yes □		have a post fertilization a	ige at least 20	weeks?			Yes [a post terti	llization age at leas	20 weeks?
If the previous questi	ion w	as answered yes, comple	ete the followi	ng questions.		If the previou	s questi	on was a	nswered ye	s, complete the following	owing questions.
Was the fetus giver	the	best opportunity to survi	ve?			Was the fet	us given	the best	opportunit	y to survive?	
☐ Yes ☐							Yes [,	
		etermination that the pro									man had a condition
woman?	oceai	ire to avert death or serio	ous impairmei	it to the pregi	паш	woman?	u ilie pro	ocedure i	o aven dea	in or serious impan	ment to the pregnant
Date last normal mer	ises b	egan		Physician 6	estimate	e of gestation (i	n weeks	:)	Post fer	tilization age of the	e fetus (in weeks)
However 4		04/17/2016	and det	vad2		7				5	
How were the gestational age and post fertilization age determined? ULTRASOUND											
Full name of physici	_	-									
DR. CAROL DELLI			ahar and store	t aitu atata	and =:-	coda)					
= -	-	orming termination (nun NDIANAPOLIS, IN 462		ı, ciiy, state, e	ипа zıp	coae)					
**Date Reported to	o DC	CS, if Patient under 14	(month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	_EGE	City or t	town, of pregna BLOOM	•			County of pregnar	ocy termination
Patient's age**			Date of pregn	anov town:	nation	Educa	tion				
39	Maı	ried □ Yes ■ No		06/02/2016		Educa	шоп	ı	High Scho	ol Diploma or GEI)
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	5				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin		
Dates of termination 02/18/2014	s (Do	not include this termin	*	than six (6),		ost recent.)		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination
☐ Yes ■	No							• 1	None	☐ Uteri	ne Perforation
								Пі	Hemorrhage	e \square Cerv	ical Laceration
Fetus viable?		If viable, medical	reason for term	nination:					Ü	_	
☐ Yes ■	No							📙 1	nfection	∐ Retai	ned Products
									Other (Spec	cify)	
Pathological examin	ation	If yes, results:									
performed?	No							Did thi	s terminatio	on of pregnancy resi	alt in a maternal death?
								Ye			
				Туре	of Termi	nation Procedu	res				
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	reanancy	
										•	
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol		
		Other (Specify)							Other (Special		
Madical (Symple	(1) C	uction Curettage				☐ Madical	(Cumaia	al) Cuati	on Curettag		
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir		
☐ Medical (Surgio	al) C	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgic	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
_	_	ave a post fertilization								ilization age at least	
			age at least 20	weeks?			Yes [_	a post tert	mzation age at least	20 Weeks?
If the previous quest	ion w	as answered yes, compl	lete the followi	ng question	s.	If the previou	ıs auesti	ion was a	nswered ve	es, complete the foll	owing questions.
				.ng question			_		-	-	owing questions.
Was the fetus gives Yes		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?	
What was the basis	ford	atarmination that the n	ognant woman	had a aand	lition	What was t	ha hagis	for data	mination th	hat the pregnant was	nan had a condition
		etermination that the parter to avert death or seri									ment to the pregnant
woman?						woman?					
Date last normal me	nses t	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)
		3/16/2016				8				6	
=	ional	age and post fertilization	n age determin	ned?	_		_				
ULTRASOUND											
Full name of physici DR. CAROL DELLI	_	-									
		orming termination (num	mber and stree	t, citv. state	, and zin	code)					
	-	IDIANAPOLIS, IN 46		.,, siene	,α μρ	/					
**Date Reported t	o DC	S, if Patient under 1	4 (month day	vear).							
Duic reported t	\cup \cup \cup	~, ii i ativiit uiiuvi 1'	· (monin, uuy,	yeur j						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (P	PCSI) (MONROE CO.) - 42	.EGE	City or t	town, of pregn BLOO	ancy ter			County of pregnar	ocy termination	
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educ	ation				
Patient's age** 27	Mai	ried ☐ Yes ■ No		1ancy termii 06/02/2016		Educ	atiOII		Bach	nelor's Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American		ıknown	☐ Not I	/ anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numl	er now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numl	per of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination
☐ Yes ■ I	No							■ 1	None	☐ Uteri	ne Perforation
									Hemorrhag	e 🔲 Cerv	ical Laceration
Fetus viable?	No.	If viable, medical	reason for term	nination:				_ ,	nfection	— □ Potei	ned Products
☐ Yes ■ I	NO										ned Products
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this	s termination	on of pregnancy resi	alt in a maternal death?
								☐ Ye		0	
				Туре	of Termin	nation Procedu	ires				
Procedure that Term	inated	l Pregnancy				Additional P	rocedur	e that Ter	minated Pr	egnancy	
		•								•	
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol		
		l) Other (Specify)							Other (Spec		
Madical (Surgic	·a1) S	uction Curettage				☐ Medica	l (Surgic	val) Sucti	on Curetta		
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medica	l (Surgio	al) Mens	strual Aspir	ration	
☐ Medical (Surgio	cal) (Other (Specify)				☐ Medica	l (Surgio	al) Othe	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgical	al) proced	lures, answ	ver the following que	estion.
	_	nave a post fertilization					_	_		tilization age at least	
Yes [age at least 20	weeks?			Yes [_	a post tert	ilization age at least	20 Weeks?
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previo	us auest	ion was a	nswered ve	es, complete the foll	owing questions.
				ng question			_		-	_	owing questions.
Was the fetus giver ☐ Yes [best opportunity to surv	ive?				tus give Yes [opportunit	ty to survive?	
What was the basis	ford	atormination that the n	roanent women	had a aand	lition	What was	tha basis	for data	mination t	hat the program was	nan had a condition
		etermination that the part of avert death or serior									ment to the pregnant
woman?						woman?					
Date last normal men	nses t	egan		Physician	n estimate	e of gestation (in week	s)	Post fe	rtilization age of the	fetus (in weeks)
	(04/14/2016				7				5	
_	ional	age and post fertilization	n age determin	ned?							
ULTRASOUND											
	_	rforming termination									
DR. CAROL DELLI		Corming termination (number of the contraction)	mher and stree	t city state	and zin	code)					
	-	NDIANAPOLIS, IN 46		i, ciry, siute	, ини цр	couc _j					
**Data Danastad +	0 DC	CS if Datient under 1	1 (month da	nearl.							
Date Reported t	UU	S, if Patient under 1	+ (montn, aay,	year)						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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PLANNÉD PARENTHO	Facility Name and Address -ANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE /ENUE, BLOOMINGTON, IN, 47403						ancy terr			County of pregnam	cy termination DNROE
	1		-			T					
Patient's age** 23	Marr	ied □ Yes ■ No	Date of pregn	nancy termir 06/02/2016		Educa	ntion			ollege, No Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	□Uni	known		nnic or Latino Hispanic or Latino	Unknown
Live Births:		Number now living	0					er now d		0	
Other Termination	15.	Number of spontaneou					Numb	er of ind	uced termin		
Dates of termination		not include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				1	
1. UNKNOWN		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	/ed:					1	ation(s) of Pregnand	•
								• 1	None	∐ Uteri	ne Perforation
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhage	e 🗌 Cervi	cal Laceration
☐ Yes ■	No							☐ I	nfection	Retai	ned Products
									Other (Spec	rify)	
Pathological examin	ation	If yes, results:									
performed?	No							Did this	s terminatio	on of pregnancy resu	alt in a maternal death?
								☐ Yes			
Γ											
				Туре	of Termi	nation Procedu	ires				
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pr	egnancy	
☐ Medical (Nonsu	iroical)) Mifenristone				☐ Medical	(Nonsu	roical) N	//////////////////////////////////////	a.	
☐ Medical (Nonsu	urgical)) Misoprostol					(Nonsu	rgical) N	/lisoprostol		
Medical (Nonsu	urgical)	Other (Specify)				Medical	(Nonsu	rgical) (Other (Speci	ify)	
Medical (Surgio									on Curettag		
Medical (Surgio		enstrual Aspiration ther (Specify)							strual Aspir r (<i>Specify</i>)	ration	
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	estion.
		ave a post fertilization	age at least 20	weeks?					a post ferti	ilization age at least	20 weeks?
	■ No 			.•			Yes [_		1 1 . 6.11	
		s answered yes, comp		ng question	S.		_		-	es, complete the follo	owing questions.
Was the fetus give ☐ Yes [est opportunity to surv	ive?				us given Yes [opportunit	y to survive?	
		etermination that the pr								nat the pregnant wor	
that required the programmer woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	ed the pro	ocedure t	o avert dea	th or serious impair	ment to the pregnant
Date last normal me	ncec b	agan		Physician	actimat	e of gestation (in waaks	•)	Doct for	rtilization age of the	fetus (in weeks)
Date last normal me		egan 3/30/2016		1 mysician	i estillati	e of gestation (in weeks	7	rost iei	runzation age of the	icius (in weeks)
_	tional a	ge and post fertilization	n age determin	ned?							
ULTRASOUND											
[
Full name of physici DR. CAROL DELLI	_	-									
Address of physician	n perfo	rming termination (nu		t, city, state,	, and zip	code)					
200 S. MERIDIAN	ST, IN	DIANAPOLIS, IN 46	225								
**Date Reported t	to DC:	S, if Patient under 1-	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	town, of pregna BLOOM	•			County of pregnand MO	cy termination NROE
Patient's age**	3.7		Date of pregn	ancy termin	nation	Educa	tion				Ī
22	Maı	ried Yes No		06/02/2016		Educa		ı	High Scho	ol Diploma or GED)
Race American Indian Native Hawaiian			Asian White	☐ Black ☐ Other	or Afric	an American		known	■ Not F	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	1				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termina	ation. If more ti	han six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■ I	No							• 1	None	☐ Uterir	ne Perforation
								П	Hemorrhage	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ I	nfection	— □ Poteir	ned Products
l ies 🗐 i	NO									_	led Products
									Other (Spec	rify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did this	s terminatio	on of pregnancy resu	It in a maternal death?
								☐ Yes		· · · ·	
											1
				Туре о	of Termin	nation Procedu	res				
Procedure that Term	inate	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancv	
_										•	
☐ Medical (Nonsu☐ Medical (Nonsu☐									Aifepristone Aisoprostol		
		l) Other (Specify)							Other (Speci		
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curettag	ge	
☐ Medical (Surgion)	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration	
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questio	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.
Was the fetus viabl	le or l	have a post fertilization	age at least 20	weeks?		Was the fet	us viahl	e or have	a nost fert	ilization age at least	20 weeks?
	■ No		uge ut least 20	weeks.			Yes [_	a post tert	inzation age at least	20 Weeks.
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	S.	If the previou	ıs questi	ion was a	nswered ye	es, complete the follo	owing questions.
							_		-	_	
Was the fetus gives Yes		best opportunity to surv	146;				us giver Yes [_	opportunit	y to survive?	
What was the basis	s for d	etermination that the pr	egnant woman	had a condi	ition	What was f	he hasis	for deter	mination th	hat the pregnant won	nan had a condition
that required the pr		ire to avert death or seri				that require				th or serious impairr	
woman?						woman?					
						<u> </u>					
Date last normal mer		-		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	fetus (in weeks)
TT -3		03/27/2016	• • •	10		10				8	
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ied?							
CETTAGOOND											
Eatler C. 1. 1.											
Full name of physici DR. CAROL DELLI	_	rforming termination									
		orming termination (num	mber and street	t, city, state,	and zip	code)					
	-	NDIANAPOLIS, IN 46									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PPC		21 SOUTH COLL	LEGE	City or to	own, of pregnation	ancy term			County of pregr	nancy termin	ation
D			D. C			I						
Patient's age** 25	Marrie [ed Yes • No	Date of pregr	06/02/2016		Educa	ation	ŀ		ool Diploma or G	ED	
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black o	or Africa	n American	☐ Unk	nown		/ anic or Latino Hispanic or Latino) П	Unknown
Live Births:		umber now living						er now d		0		
Other Termination	s: N	umber of spontaneou		3			Numbe	er of indu	uced termi			
Dates of termination 1. 01/31/2014	s (Do no	ot include this termin	•			st recent.)		5		6		
Fetus delivered alive	 e?	If yes, length of ti							Compli	cation(s) of Pregn	ancy Termin	ation
☐ Yes ■	No							■ N	None	☐ Ut	erine Perfora	ation
								П	Hemorrhag	е П Се	rvical Lacer	ation
Fetus viable? Yes	No	If viable, medical	reason for term	nination:					nfection	_	tained Produ	
l les	NO									_	tamed Produ	acts
									Other (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
☐ Yes ■	No									on of pregnancy r	esult in a ma	aternal death?
								☐ Yes	s ■ N	0		
				Tuna of	f Tarmin	ation Procedu	reac.					
				Type of	1 10111111							
Procedure that Term	inated P	regnancy				Additional P	rocedure	that Ter	minated Pi	regnancy		
Medical (Nonsu Medical (Nonsu									lifepriston lisoprostol			
Medical (Nonsu									ther (Spec			
Medical (Surgional Control Contro	cal) Suc	tion Curettage				☐ Medical	(Surgica	l) Sucti	on Curetta	ge		
☐ Medical (Surgio	cal) Mei	nstrual Aspiration				■ Medical	(Surgica	l) Mens	strual Aspi (Specify)			
Medical (Surgio	zai) Oui	er (<i>specify</i>)				☐ Medical	(Surgica	ii) Otilei	((specify)			
For Medical (Surgical	al) proce	edures, answer the fo	llowing question	on.		For Medical	(Surgical) proced	ures, answ	er the following	question.	
	le or hav ■ No	e a post fertilization	age at least 20	weeks?			us viable Yes 🔲		a post fert	tilization age at le	ast 20 weeks	s?
If the previous quest	ion was	answered yes, comp	lete the followi	ing questions	3.	If the previous	us questio	on was a	nswered ye	es, complete the f	ollowing qu	estions.
	n the bes	st opportunity to surv	vive?					the best	opportuni	ty to survive?		
	_	ermination that the p	regnant woman	n had a condit	tion	_	_	•	mination t	hat the pregnant v	voman had a	condition
		to avert death or ser								ath or serious imp		
woman:						woman:						
				DI		6			15.		d C : ::	
Date last normal me	_	an 06/2016		Physician	estimate	of gestation (ın weeks))	Post fe	rtilization age of	the fetus (in 6	weeks)
How were the gestat			on age determin	ned?								
ULTRASOUND												
Full name of physici DR. CAROL DELLI	NGER	-										
Address of physician 200 S. MERIDIAN	-	-		et, city, state,	and zip	code)						
**Date Reported t	to DCS.	if Patient under 1	4 (month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PP	CSI) (MONROE CO.) - 42	.EGE	City or t	town, of pregna	ancy terr			County of pregnan	cy termination NROE	
	1					T = -					
Patient's age** 21	Marı	ried Yes I No	Date of pregn	nancy termin 06/02/2016		Educa	ation	I		ol Diploma or GED)
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	□Un	known		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	2					er now d		0	
Other Termination	ıs:	Number of spontaneou					Numb	er of ind	uced termin	nations	
		not include this termin	0 ation. If more t	han six (6).	those m	ost recent.)				2	
1. UNKNOWN		_{2.} UNKNOWN	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnanc	y Termination
☐ Yes ■	No							• 1	None	☐ Uterii	ne Perforation
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				_ П т	nfection	□ Patair	ned Products
163	110									_	ned Froducts
									Other (Spec	eify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No										lt in a maternal death?
								☐ Yes	s 🔳 No)	
				Туре	of Termi	nation Procedu	ires				
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu	ırgical) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e.	
☐ Medical (Nonsu	urgical) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol		
Medical (Nonsi	urgical	Other (Specify)				Medical	(Nonsu	rgical) (Other (Speci	ify)	
Medical (Surgio									on Curettag		
☐ Medical (Surgion Med		enstrual Aspiration ther (Specify)							strual Aspir r (<i>Specif</i> y)	ration	
	ŕ							ŕ	. 1		
											_
For Medical (Surgic	al) pro	cedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.
	le or ha	ave a post fertilization	age at least 20	weeks?			tus viabl Yes 🏻 🗀		a post fert	ilization age at least	20 weeks?
If the previous quest	tion wa	s answered yes, comp	lete the followi	ng question	ıs.	If the previou	us questi	ion was a	nswered ye	es, complete the follo	owing questions.
		est opportunity to surv					_		-	y to survive?	
Yes [opportunity to surv					Yes [2PPOLUMI	., 00 00111101	
		etermination that the pr								hat the pregnant won	
that required the pro- woman?	rocedu	re to avert death or ser	ious impairmer	nt to the pre	gnant	that require woman?	ed the pr	ocedure t	o avert dea	th or serious impair	ment to the pregnant
						oman:					
									_		
Date last normal me		egan 4/04/2016		Physician	n estimat	e of gestation (in weeks	5)	Post fer	rtilization age of the 5	fetus (in weeks)
How were the gestat		age and post fertilization	on age determin	led?		,				<u> </u>	
ULTRASOUND		- •	-								
Full name of physic	ian per	forming termination									
DR. CAROL DELLI	INGEF	₹				_					
	-	rming termination (null DIANAPOLIS, IN 46		t, city, state,	, and zip	code)					
200 S. WERIDIAN	o i , iiv	LIANAPOLIS, IN 40									
**D . D		a :cp /: · · · ·	4.								
""Date Reported 1	ιο DC	S, if Patient under 1-	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 06/29/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	town, of pregna BLOOM	•			County of pregnar	ncy termination ONROE
Patient's age**		. ,	Date of pregn	ancy termin	nation	Educa	ntion				
Patient's age** 20	Maı	ried □ Yes ■ No		1ancy termir 06/02/2016		Educa	iiiOII		Some Co	ollege, No Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	ıknown		anic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	per now d	leceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin	ation. If more t	than six (6),	those me	ost recent.)				0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnand	cy Termination
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation
								I	Hemorrhage	e 🔲 Cerv	ical Laceration
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				Пі	Infection	□ Retai	ned Products
	.10										ned I roducts
									Other (Spec	cify)	
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No									on of pregnancy resu	alt in a maternal death?
								☐ Ye	s 🔳 No	0	
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancy	
Medical (Nonsu	raica	1) Mifanristona				☐ Medical	(Noneu	raical) N	Mifepristone	<u>.</u>	
Medical (Nonsu	ırgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	Misoprostol		
☐ Medical (Nonsu	ırgica	l) Other (Specify)				☐ Medical	(Nonsu	rgical) (Other (Speci	ify)	
Medical (Surgio	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	ion Curettag	ge	
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspir	ration	
☐ Medical (Surgio	ai) C	iner (Specify)				Medical	(Surgic	ai) Otne	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	dures, answ	er the following que	estion.
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fet	us viabl	le or have	a post fert	ilization age at least	20 weeks?
] No						Yes [No	•		
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question:	s.	If the previou	ıs questi	ion was a	inswered ye	es, complete the foll	owing questions.
Was the fetus give	n the	best opportunity to surv	ive?			Was the fet	us oiver	n the hest	opportunit	ty to survive?	
Yes [Yes [_	оррогии	y to survive.	
What was the basis	for d	etermination that the pr	egnant woman	had a cond	ition	What was t	he basis	for deter	rmination th	hat the pregnant wo	nan had a condition
that required the process woman?	ocedi	ire to avert death or seri	ious impairmer	nt to the preg	gnant	that require woman?	d the pr	ocedure t	to avert dea	nth or serious impair	ment to the pregnant
woman:						woman:					
						1					
Date last normal men		-		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)
How were the ')4/13/2016	n ago doto'	pad?		6				4	
ULTRASOUND	ionai	age and post fertilizatio	u age determin	ieu :							
Full name of physici	an r-	rforming tarmingtion									1
DR. CAROL DELLI	_	rforming termination R									
Address of physician	n perf	orming termination (num	mber and stree	t, city, state,	, and zip	code)					
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225								
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	.EGE	City or t	own, of pregna	•			County of pregnan	ocy termination
Patient's age**	•	. ,	Date of pregn	ancy termin	nation	Educa	ntion				1
Patient's age** 22	Maı	ried □ Yes ■ No		o6/02/2016		Educa	iiiOII		Some Co	ollege, No Degree	
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations	
Dates of termination	s (Do	not include this termin	0 ation. If more t	han six (6),	those me	ost recent.)	<u> </u>			0	
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	red:					Complic	cation(s) of Pregnand	cy Termination
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation
									Hemorrhage	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ □ □ ı	infection	— □ Patai	ned Products
res 📮 i	NO										ned Products
									Other (Spec	rify)	
Pathological examin performed?	ation	If yes, results:									
Yes •	No							Did thi	s terminatio	on of pregnancy resu	alt in a maternal death?
								☐ Ye)	
				Туре	of Termin	nation Procedu	res				
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
										•	
Medical (NonsuMedical (Nonsu									Aifepristone Aisoprostol		
		l) Other (Specify)							Other (Speci		
Madical (Symple	1) 6	votion Cumattaga				— Madiaal	(Cumaia	al) Cuati	on Curettag		
☐ Medical (Surgio	al) N	uction Curettage Ienstrual Aspiration				Medical	(Surgic	al) Sucu	on Curettaş strual Aspir	ge ration	
☐ Medical (Surgio	al) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
	_										
	e or i	have a post fertilization	age at least 20	weeks?			us viabi Yes [_	a post tert	ilization age at least	20 weeks?
If the previous quest	ion w	as answered yes, compl	lete the followi	na auestions	c	If the previou	is anesti	ion was a	newered ve	es, complete the follo	owing questions
				ng questions	s.	_	_		-	_	owing questions.
Was the fetus given ☐ Yes ☐		best opportunity to surv	rive?				us giver Yes [_	opportunit	y to survive?	
				1 1 2		_	_	_		L (d)	1 1
		etermination that the prior to avert death or seri									nan had a condition ment to the pregnant
woman?						woman?					
Date last normal men	ıses t	egan		Physician	estimate	e of gestation (in week	5)	Post fer	rtilization age of the	fetus (in weeks)
_ acc last normal file		05/01/2016		1 115 STC I CHI	. commun	6	reens	-/	1 030 101	4	
How were the gestat	ional	age and post fertilization	n age determin	ied?					1		
ULTRASOUND											
	-	rforming termination									
DR. CAROL DELLI					1 .	I - V					
	-	orming termination (num		t, city, state,	, and zip	code)					
	J 1 , 11										
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/09/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	EGE	City or t	town, of pregna BLOOM	•			County of pregnand MC	cy termination
Patient's age**		1	Date of pregn	nanov tomo:	nation	Educa	tion				1
19	Mar	ried ■ Yes 🔲 No		06/02/2016		Educa	non	ı	High Scho	ol Diploma or GED)
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black	or Afric	an American		known	☐ Not F	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	er now d	eceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)					
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnanc	y Termination
	NO							• 1	None	☐ Uterir	ne Perforation
F		TC : 11 1: 1	· ·					□ I	Hemorrhage	e 🔲 Cervi	cal Laceration
Fetus viable? Yes I	No	If viable, medical	reason for term	ination:				Пі	nfection	☐ Retair	ned Products
										.:6.)	
Data ta ta ta ta	<i>,</i> •	TC 1						Ь,	Other (Spec	nJy)	
Pathological examin performed?	ation	If yes, results:									
☐ Yes ■	No									on of pregnancy resu	It in a maternal death?
								☐ Ye	s 🔳 No	0	
				Type o	of Termin	nation Procedu	res				
Procedure that Term	inated	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu	ırgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e	
Medical (Nonsu) Misoprostol) Other (<i>Specify</i>)				☐ Medical	(Nonsu	rgical) N	Aisoprostol Other (Speci		
Wedicai (Noilsu	iigica) Other (specify)				Wiedicai	(INOIISU	igicai) (ouiei (speci	ijy)	
Medical (Surgio						Medical	(Surgic	al) Sucti	on Curettag	ge	
☐ Medical (Surgional Description ☐ Medical (Surgion ☐ Medical Description ☐ Medical Description		Ienstrual Aspiration other (Specify)							strual Aspir r (Specify)	ration	
_ ` ` ` ` `		1 337					` "	,	(1 33)		
For Medical (Surgical	al) pro	ocedures, answer the following	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	stion.
	le or h	ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at least	20 weeks?
	_					_	_	_			
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	S.	If the previou	is questi	ion was a	nswered ye	es, complete the follo	owing questions.
Was the fetus given Yes		pest opportunity to surv	ive?				us giver Yes [_	opportunit	y to survive?	
	_					_	_	_			
		etermination that the pr are to avert death or seri								hat the pregnant won th or serious impairs	
woman?			•			woman?					1 0
Date last normal men	nses b	egan		Physician	estimate	e of gestation (in weeks	5)	Post fer	rtilization age of the	fetus (in weeks)
	(3/30/2016				7				5	<u>, </u>
_	ional	age and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physici DR. CAROL DELLI	_	-									
		orming termination (num	mber and stree	t, city, state.	and zip	code)					
	-	IDIANAPOLIS, IN 46									
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):							

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	21 SOUTH COLL	LEGE	City or t	town, of pregn BLOO	ancy ter			County of pregnar	ncy termination DNROE
Patient's age**	Mar	ried	Date of pregn	nancy termin	nation	Educ	ation				1
25	1 V1 81	Yes No		06/02/2016					Asso	ociate Degree	
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown
Live Births:		Number now living	0				Numb	per now d	eceased	0	
Other Termination	s:	Number of spontaneou	s terminations				Numb	per of ind	uced termin	nations 0	
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)	1				
1		2	3			4		5		6	
Fetus delivered alive		If yes, length of ti	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination
	. 10							1	None	☐ Uteri	ne Perforation
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhage	e 🗌 Cerv	ical Laceration
Yes I	No	ii viaole, inedicar	reason for term	mation.				□ I	nfection	☐ Retai	ned Products
									Other (Spec	cify)	
Pathological examin	ation	If yes, results:							()	357	
performed?											
☐ Yes ■	No							Did this		on of pregnancy resu	alt in a maternal death?
										-	
				Type	of Termi	nation Procedu	ires				
D		l D		1 ype (21 1 CHIHI						
Procedure that Term	inated	Pregnancy				Additional P	rocedur	e that Ter	minated Pr	regnancy	
☐ Medical (Nonsu☐ Medical (Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐									Aifepriston Aisoprostol		
		Other (Specify)							Other (Spec		
Medical (Surgional)	2 (le	uction Curettage				☐ Medica	(Surgic	eal) Sucti	on Curetta	ge	
☐ Medical (Surgion)	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspii	ration	
☐ Medical (Surgio	cal) C	ther (Specify)				☐ Medica	(Surgic	al) Othe	r (Specify)		
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing question	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.
Was the fetus viable	le or h	ave a post fertilization	age at least 20	weeks?		Was the fe	tus viabl	le or have	a post fert	ilization age at least	20 weeks?
☐ Yes [■ No)					Yes [No			
If the previous quest	ion w	as answered yes, compl	ete the followi	ng question	s.	If the previo	us quest	ion was a	nswered ye	es, complete the foll	owing questions.
		pest opportunity to surv	ive?				_	_	opportunit	y to survive?	
☐ Yes ☐	」 No						Yes [No			
		etermination that the parties to avert death or serious									nan had a condition ment to the pregnant
woman?	occui	ire to avert death of ser	ious impairmei	nt to the pre	gnant	woman?	d the pr	occurre t	o avert dea	un or serious impair	ment to the pregnant
Date last normal men	nses h	egan		Physician	estimate	e of gestation (in week	5)	Post fe	rtilization age of the	e fetus (in weeks)
	(4/19/2016				5				3	
=	ional	age and post fertilization	n age determin	ned?							
ULTRASOUND											
Full name of physici DR. CAROL DELLI	_	forming termination									
		orming termination (num	mber and stree	t, city, state,	, and zip	code)					
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 46	225								
**Date Reported t	o DC	S, if Patient under 1	4 (month, day,	year):						_	

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PP	CSI) (MONROE CO.) - 421	SOUTH COLL	.EGE Ci	ity or t	town, of pregna BLOOM	ncy terminat	tion		County of pre		y termination NROE
Patient's age**		. ,	Date of prece	nancy terminati	ion	Educat	tion					
23	Marı	ied □ Yes ■ No		06/02/2016	1011	Educal	uon		-	ool Diploma or	GED	
Race American Indiana Native Hawaiian	or Otł	ner Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknow		☐ Not l	y anic or Latino Hispanic or Lati	no	Unknown
Live Births:		Number now living	0				Number no	ow de	eceased	0		
Other Terminations	s:	Number of spontaneous	terminations 0				Number of	indu	ced termi	nations 0		
Dates of terminations	s (Do	not include this termina				ost recent.)				-		
Fetus delivered alive	2	If yes, length of tim		and:		4		5	Compli	cation(s) of Preg	nancv	Termination
Yes N		ir yes, length of this	ie ietus surviv	reu.				■ N	•		•	Perforation
								_	emorrhag			al Laceration
Fetus viable?	vī o	If viable, medical re	eason for term	nination:								
☐ Yes ■ N	NO								ifection	_	Ketaine	ed Products
Dathalasiss1	ntio-	If you manufact						l C	ther (Spec	cify)		
Pathological examina performed?		If yes, results:										
☐ Yes ■ 1	No							this Yes			result	in a maternal death?
							<u> </u>					
				Type of T	Termii	nation Procedur	res					
Procedure that Termi	inated	Pregnancy		**		Additional Pr		Terr	ninated P	regnancv		
							(Nonsurgical					
Medical (Nonsu	rgical) Misoprostol				☐ Medical	(Nonsurgical	d) M	isoprosto	1		
Medical (Nonsu	rgical	Otner (Specify)				Medical	(Nonsurgical	u) O	mer (<i>Spec</i>	uyy)		
■ Medical (Surgice Med		enstrual Aspiration					(Surgical) S (Surgical) M					
Medical (Surgic							(Surgical) C					
For Medical (Surgica	al) pro	cedures, answer the foll	owing question	on.		For Medical (Surgical) pro	oced	ures, answ	ver the following	g quest	ion.
Was the fetus viable ☐ Yes ■		ave a post fertilization a	ge at least 20	weeks?			us viable or h		a post fer	tilization age at	least 2	0 weeks?
		s answered yes, comple	te the follow:	ng questions		_	_		iswered w	es, complete the	follon	ving questions
				ng questions.			-			_	. 101108	ving questions.
	the b	est opportunity to survi	ve?				us given the l Yes No.		opportuni	ty to survive?		
		etermination that the pre										nn had a condition
that required the pro woman?	ocedu	re to avert death or serio	ous impairmer	nt to the pregna	ant	that required woman?	d the procedu	ure to	avert dea	ath or serious im	npairm	ent to the pregnant
Date last normal men	ises be	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fe	ertilization age o	of the fo	etus (in weeks)
	0-	4/01/2016		-		9					7	. ,
How were the gestati ULTRASOUND	ional a	ge and post fertilization	age determin	ned?								
221101000110												
Full name of physicia												
DR. CAROL DELLIN		rming termination (num	ber and stree	t, city. state a	nd zin	code)						
	-	DIANAPOLIS, IN 462		.,, siaic, a	Lip							
**Date Reported to	o DC	S, if Patient under 14	(month, day,	year):						_		

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	OD (PF	PCSI) (MONROE CO.) - 42°	1 SOUTH COLL	LEGE	City or t	own, of pregna BLOOM	ncy terminati IINGTON	on		County of p		y termination NROE
Patient's age**	3	. , T	Date of proce	nancy termina	ntion	Educat	tion					
32	Mar	ried Yes No		06/03/2016	LIIOII	Educal		Do	ctorate/F	Professional	Degree	e
Race American Indian Native Hawaiian		-	Asian White	☐ Black o	or Afric	an American	Unknow			nnic or Latino Hispanic or L		☐ Unknown
Live Births:		Number now living	0				Number nov	w dec	eased	0		
Other Termination	ıs:	Number of spontaneous	s terminations 0	1			Number of i	induc	ed termin	nations 0		
Dates of termination	is (Do	not include this termina		than six (6), th	hose me	ost recent.)						
1		2				4	5	5	Complia	estion(s) of D	6	/ Termination
Fetus delivered alive		If yes, length of tin	ne fetus surviv	ved:				_	•	auon(s) or F		
] No				e Perforation
Fetus viable?		If viable, medical r	eason for term	nination:] He	morrhage	e ∐	Cervic	al Laceration
Yes I	No] Inf	ection		Retain	ed Products
] Otl	her (Spec	rify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Did	this to			ncy resul	t in a maternal death
								Yes	■ No)		
				Type of	Termi	nation Procedur	res					
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure that	Termi	inated Pr	egnancy		
Medical (Nonsu							(Nonsurgical)					
Medical (Nonsu Medical (Nonsu		Other (Specify)					(Nonsurgical) (Nonsurgical)					
Medical (Surgio	cal) S	uction Curettage				☐ Medical	(Surgical) Su	uction	Curetta:	ge		
	cal) N	Ienstrual Aspiration				☐ Medical	(Surgical) M (Surgical) O	lenstr	ual Aspii			
Wiedicai (Surgio	cai) C	unci (Specify)				Wicalcar	(Surgical)	uici (<i>эрес</i> цу)			
												_
, ,	, .	ocedures, answer the foll	0 1			For Medical (Surgical) pro	cedui	res, answ	er the follow	ing ques	tion.
Was the fetus viab		ave a post fertilization a	age at least 20	weeks?			us viable or ha Yes 🔲 No		post fert	ilization age	at least 2	20 weeks?
If the previous quest	ion w	as answered yes, comple	ete the followi	ng questions.		If the previou	s question wa	as ans	wered ve	es, complete	the follo	wing questions.
		pest opportunity to survi		& 1		_	us given the b		-	-		8 1
	No						res No		PPORTUIN	J to survive?		
		etermination that the pre										an had a condition
that required the process woman?	rocedı	re to avert death or serio	ous impairmei	nt to the pregr	nant	that required woman?	the procedu	re to	avert dea	th or serious	ımpairn	nent to the pregnant
Date last normal me	nses h	egan		Physician e	estimate	e of gestation (i	n weeks)		Post fe	rtilization age	e of the	fetus (in weeks)
	C	3/20/2016				7	/				5	,
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determir	ned?								
OLINASOUND												
Full name of physici	ian pe	forming termination										
DR. CAROL DELLI	NGE	₹										
	-	orming termination (nun		et, city, state, c	and zip	code)						
200 G. WILKIDIAN	O 1 , 11	ADIANAI OLIO, IN 402										
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):								

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403 Patient's age** Married Date of pregnancy ter						BLOOMINGTON MONROE					•		
Patient's age**		. ,	Date of mace	ancy tamin	nation	Educa	tion						
Patient's age** 21	Mar	ried ☐ Yes ■ No		iancy termin 06/10/2016		Educa	WIOII		9th-12	th, No Diploma			
Race American Indian Native Hawaiian			Asian White	■ Black □ Other	or Afric	an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	2				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou					Numb	per of ind	uced termin	nations			
Dates of termination UNKNOWN	s (Do	not include this termin	*	han six (6),		ost recent.)		5		0 6			
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	ed:					Complic	cation(s) of Pregnand	y Termination		
☐ Yes ■ I	No							• 1	None	☐ Uteri	ne Perforation		
								П	Hemorrhag	e \square Cervi	cal Laceration		
Fetus viable?	NT o	If viable, medical	reason for term	ination:						_	ned Products		
☐ Yes ■ I	NO								nfection		ned Products		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No										alt in a maternal death?		
								☐ Yes	s 🔳 No	0			
							1						
				Type o	of Termin	nation Procedu	res						
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	e that Ter	minated Pr	regnancy			
■ Medical (Nonsu	rgica) Mifepristone				☐ Medical	(Nonsu	rgical) N	//////////////////////////////////////	e			
Medical (Nonsu	rgica	l) Misoprostol				☐ Medical	(Nonsu	rgical) N	/lisoprostol				
Medical (Nonsu	rgica	Other (Specify)				Medical	(Nonsu	rgical) C	Other (Spec	ify)			
		uction Curettage			☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration								
☐ Medical (Surgio		Ienstrual Aspiration other (Specify)							strual Aspii r (<i>Specif</i> y)	ration			
_													
											_		
For Medical (Surgical	al) pro	ocedures, answer the fol	lowing questio	on.		For Medical	(Surgica	al) procec	lures, answ	er the following que	estion.		
Was the fetus viable Yes		ave a post fertilization	age at least 20	weeks?			us viabl Yes [_	a post fert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followin	ng questions	s.	If the previou	ıs questi	ion was a	nswered ye	es, complete the foll	owing questions.		
		pest opportunity to surv	ive?			Was the fet	us giver	the best	opportunit	y to survive?			
☐ Yes ☐] No)					Yes [」No					
		etermination that the prior to avert death or seri								hat the pregnant wor	man had a condition ment to the pregnant		
woman?	oceui	ire to avert death of sen	ous impairmen	it to the pres	gnam	woman?	u ille pr	ocedure i	o avert dea	un or serious impair	ment to the pregnant		
Date last normal men	ises h	egan		Physician	estimate	e of gestation (in weeks	5)	Post fo	rtilization age of the	fetus (in weeks)		
_ acc acc normal mol		04/24/2016		111,0101411	. Joanna	7	reens	-/	1 031 10	5	(iii freeid)		
How were the gestat					•								
ULTRASOUND													
Full name of physici DR. CAROL DELLI	_	-											
	-	orming termination (num		t, city, state,	and zip	code)							
200 S. MERIDIAN S	ST, IN	IDIANAPOLIS, IN 46	225										
**Date Reported to DCS, if Patient under 14 (month, day, year):									_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	DD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (BLOOMING I ON MONROE									
Patient's age** 25	Mar	ried No	Date of pregn	nancy termina 06/24/2016		Educa	tion		Asso	ciate Degree				
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	Black of Other	or Africa	nn American	Unk		☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown			
Live Births:		Number now living	2					er now d		0				
Other Terminations	s:	Number of spontaneou	s terminations 1				Numbe	er of ind	uced termir	nations 0				
Dates of terminations 2014	s (Do	not include this termina	v	than six (6), t	hose mo	st recent.)		-						
Fetus delivered alive	?	If yes, length of tin	ne fetus surviv	ved:		·		5	Complic	ation(s) of Pregnanc	ey Termination			
☐ Yes ■ N		, , , , , ,						■ N	None	☐ Uterii	ne Perforation			
								_ □ 1	Hemorrhage	— • □ Cervi	cal Laceration			
Fetus viable? Yes N	vI.o.	If viable, medical r	eason for term	nination:					C	_				
☐ Yes ■ N	NO								nfection	_	ned Products			
		70							Other (Spec	ify)				
Pathological examina performed?	ation	If yes, results:												
☐ Yes ■ I	No										It in a maternal death?			
								☐ Yes	s 🔳 No)				
Tune of Termination Precedures														
Type of Termination Procedures														
Procedure that Termi	inated	l Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy				
☐ Medical (Nonsu☐ Medical (No									lifepristone Iisoprostol	2				
		l) Other (Specify)							ther (Speci	fy)				
Medical (Surgice)	al) S	uction Curettage				☐ Medical	(Surgica	ıl) Sucti	on Curettag	ge				
	al) N	Ienstrual Aspiration				Medical	(Surgica	d) Mens	trual Aspir					
Medicai (Surgic	ai) C	инег (<i>specify)</i>				☐ Medical (Surgical) Other (Specify)								
For Medical (Surgical	al) pro	ocedures, answer the following	lowing questic	on.		For Medical (Surgical	l) proced	ures, answ	er the following que	estion.			
Was the fetus viabl ☐ Yes		nave a post fertilization a	age at least 20	weeks?			us viable Yes		a post ferti	lization age at least	20 weeks?			
				<i>,</i> •		_			1	1. 1. 6.11	. ,.			
•		as answered yes, comple		ng questions.	•	If the previou	s questio	on was a	nswered ye	s, complete the follo	owing questions.			
Was the fetus giver ☐ Yes ☐		best opportunity to survi	ve?				us given Yes 🔲		opportunit	y to survive?				
What was the basis	for d	letermination that the pro	egnant woman	had a condit	tion	What was th	ne hasis i	for deter	mination th	at the pregnant wor	nan had a condition			
that required the pr		are to avert death or serie				that require					ment to the pregnant			
woman?						woman?								
				1										
Date last normal mer		oegan 04/06/2016		Physician o	estimate	of gestation (i	n weeks))	Post fer	tilization age of the	fetus (in weeks)			
How were the gestati		age and post fertilization	n age determin	l ned?		14				10				
ULTRASOUND														
	_										_			
Full name of physician DR. CAROL DELLII	_	-												
		orming termination (num	aber and street	t, city, state.	and zip	code)								
= -	-	NDIANAPOLIS, IN 462				, 								
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGT	BLOOMING I ON MONROE					•							
			-			T							
Patient's age** 36	Marı	ried Yes No	Date of pregn	nancy termin 06/28/2016		Educa	ition	ŀ		ol Diploma or GEI)		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Unl	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living						er now d		0			
Other Termination	s:	Number of spontaneou					Numb	er of ind	uced termin				
		not include this termin	ation. If more to	han six (6),	those me	ost recent.)				1			
Fetus delivered alive	.9	If yes, length of ti	3	rad.		4		5	Complic	eation(s) of Pregnanc	v Termination		
Yes Yes		if yes, length of the	me retus surviv	eu.				■ N	1	_	ne Perforation		
								П	Hemorrhage	e \Box Cervi	cal Laceration		
Fetus viable?	. T	If viable, medical	reason for term	nination:					C	_			
☐ Yes ■ 1	NO							∐ I	nfection	☐ Retai	ned Products		
									Other (Spec	rify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this			It in a maternal death?		
								☐ Yes					
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional Procedure that Terminated Pregnancy							
☐ Medical (Nonsu	ırgical) Mifepristone				☐ Medical	(Nonsur	gical) M	//////////////////////////////////////	e			
☐ Medical (Nonsu	ırgical					☐ Medical	(Nonsur	gical) M	Aisoprostol Other (Speci				
iviedicai (Nolist	irgicai) Other (specify)				Wiedicai	(INOIISUI	gicai) C	ottlei (Speci	ijy)			
Medical (Surgio						Medical (Surgical) Suction Curettage Medical (Surgical) Monstrual Assiration							
Medical (Surgio		enstrual Aspiration ther (Specify)				☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	cedures, answer the fo	llowing questio	on.		For Medical	(Surgica	l) proced	lures, answ	er the following que	stion.		
		ave a post fertilization	age at least 20	weeks?					a post ferti	ilization age at least	20 weeks?		
	■ No	as answered yes, comp	lata tha followi	na question	10		Yes		newarad va	es, complete the follo	owing questions		
		est opportunity to surv		ng question						es, complete the folions by to survive?	owing questions.		
Yas the fetus gives			. = -				Yes [FFORMI	y			
		etermination that the pr								hat the pregnant wor			
woman?	rocedu	re to avert death or ser	ious impairmen	it to the pre	gnant	woman?	d the pro	ocedure t	o avert dea	ith or serious impair	ment to the pregnant		
Data last 1	nga- 1	ogan		Dhr: '	- oct	o of cost-t' (in 1	1	De-C	rtilization Cd	fatus (inL-)		
Date last normal me		egan 4/13/2016		rnysician	ı esumat	e of gestation (ın weeks _.	,	Post Iei	rtilization age of the 10	icius (in weeks)		
How were the gestat	ional a	age and post fertilization	on age determin	ied?									
ULTRASOUND													
Full name of physici DR. CAROL DELLI	_	-											
	-	orming termination (nu		t, city, state	, and zip	code)							
ZUU S. WEKIDIAN	ı, IN	IDIANAPOLIS, IN 46	0220										
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PF	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	BLOOMINGTON MONROE									
Patient's age**	3.5	. , T	Date of proce	nancy terminati	tion	Educat	tion						
21	Mar	ried ☐ Yes ■ No		06/30/2016	.1011	Educal		<u> </u>	-	ool Diploma o	r GED		
Race American Indian Native Hawaiian		her Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknov		Not 1	y anic or Latino Hispanic or Lat	tino	Unknown	
Live Births:		Number now living	1		_		Number no	ow de	eceased	0			
Other Termination	ns:	Number of spontaneou	s terminations 0	i			Number of	f indu	iced termi	nations 0			
Dates of termination	ns (Do	not include this termina				ost recent.)				-			
Fetus delivered alive		If yes, length of tin		vad:		4		5	Compli	cation(s) of Pre	ss	Termination	
Yes Yes		if yes, length of the	ne retus surviv	ved.				■ N	•			e Perforation	
								_	lemorrhag	_		al Laceration	
Fetus viable?	NT-	If viable, medical r	eason for term	nination:						_			
☐ Yes ■	NO								nfection	_	Ketain	ed Products	
Dothological	notic	If you may let						_	ther (Spe	cify)			
Pathological examin performed?		If yes, results:											
☐ Yes ■	No						Dic	d this Yes			y result	t in a maternal death?	
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsu		•				_	(Nonsurgica						
Medical (Nonst	urgica) Misoprostol				☐ Medical	(Nonsurgica	al) M	isoprosto	1			
Medical (Nonsi	urgica) Other (Specify)				∐ Medical	(Nonsurgica	aı) O	iner (<i>Spec</i>	:पुप्र)			
		uction Curettage Ienstrual Aspiration						cal) Suction Curettage cal) Menstrual Aspiration					
Medical (Surgio						Medical (Surgical) Other (Specify)							
For Medical (Surgic	al) pro	ocedures, answer the following	lowing question	on.		For Medical (Surgical) pr	roced	ures, answ	ver the following	ng ques	tion.	
Was the fetus viab ☐ Yes [ave a post fertilization a	nge at least 20	weeks?			us viable or l		a post fer	tilization age at	t least 2	0 weeks?	
		as answered yes, comple	ete the follow	no questions		_	_		nswered w	es complete th	e follo	wing questions.	
				ng questions.		_	_		-	_	ic 10110\	wing questions.	
	n the l	pest opportunity to survi	ve!				is given the Yes \[\] No		opportuni	ty to survive?			
		etermination that the pro-										an had a condition	
that required the pa woman?	rocedu	re to avert death or seri-	ous impairmer	nt to the pregna	ant	that required woman?	d the proced	lure to	avert de	ath or serious in	mpairm	ent to the pregnant	
Date last normal me	nses b	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fe	ertilization age	of the f	etus (in weeks)	
	C	4/26/2016		-		9	,				7		
How were the gestat ULTRASOUND	tional	age and post fertilization	n age determin	ned?									
22110100014D													
Full name of physic													
DR. CAROL DELLI		orming termination (num	nher and stuce	t city state ~	nd zir	code)							
	-	NDIANAPOLIS, IN 462		ı, спу, <i>з</i> іше, аі	ни ДІР	couej							
**Date Reported	to DC	S, if Patient under 14	(month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHO AVENUE, BLOOMINGT	OD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	BLOOMINGTON MONROE								
Patient's age**	3.5	. , T	Date of proce	nancy terminat	tion	Educat	tion					
23	Mai	ried Yes No		06/30/2016		Educal			Some Co	ollege, No Deg	ree	
Race American Indian Native Hawaiian			Asian White	☐ Black or	Afric	an American	Unknow			y anic or Latino Hispanic or Latir	10	Unknown
Live Births:		Number now living	1				Number nov	w de		0		
Other Termination	ıs:	Number of spontaneou	s terminations 0				Number of	indu	ced termi	nations 0		
Dates of termination	is (Do	not include this termina		than six (6), the	ose mo	ost recent.)						
1		1				4	5	5	Compli	cation(s) of Preg		Tomaination
Fetus delivered alive		If yes, length of tir	ne fetus surviv	/ed:				1	•	_	•	
] No				Perforation
Fetus viable?		If viable, medical i	eason for term	nination:] H	emorrhag	e ∐ C	Cervica	l Laceration
Yes •	No] In	fection	☐ R	Letaine	d Products
] O	ther (Spec	cify)		
Pathological examin performed?	ation	If yes, results:										
Yes •	No						Did	this			result	in a maternal death?
								Yes	■ N	0		
Type of Termination Procedures												
Procedure that Term	inated	l Pregnancy				Additional Pr	ocedure that	Term	ninated Pa	regnancy		
Medical (Nonsu							(Nonsurgical					
Medical (Nonsu Medical (Nonsu		Other (Specify)					(Nonsurgical (Nonsurgical					
Medical (Surgio	cal) S	uction Curettage				☐ Medical	(Surgical) Su	uctio	n Curetta	ge		
	cal) N	Ienstrual Aspiration				Medical	(Surgical) M (Surgical) O	lenst	rual Aspi			
iviedicai (Surgio	cai) C	uner (Specify)				Medical	(Surgical) O	uici	(Бресіду)			
	•											.
, ,	· 1	ocedures, answer the fol	0 1			For Medical (Surgical) pro	ocedu	ires, answ	ver the following	quest	ion.
Was the fetus viab		ave a post fertilization a	age at least 20	weeks?			ıs viable or ha ∕es □ No		a post fer	tilization age at l	east 20) weeks?
If the previous quest	tion w	as answered yes, comple	ete the followi	ng questions.		If the previou	s question wa	as an	swered v	es, complete the	follow	ring questions.
		pest opportunity to survi		& 1		_	_			ty to survive?		& 1.
	No						tes No		Phormin	e, to survive:		
		etermination that the pr										n had a condition
that required the property woman?	rocedı	re to avert death or seri	ous impairmer	nt to the pregna	ant	that required woman?	d the procedu	ire to	avert dea	ath or serious im	pairm	ent to the pregnant
Date last normal me	nses h	egan		Physician es	stimate	e of gestation (i	n weeks)		Post fe	ertilization age of	f the fe	etus (in weeks)
	(5/08/2016				8					6	,
How were the gestat ULTRASOUND	tional	age and post fertilization	n age determin	ned?								
OLINAGOUND												
Full name of physici	ian pe	rforming termination										
DR. CAROL DELLI	INGE	R										
	-	orming termination (num		t, city, state, ar	nd zip	code)		-				
200 G. WILKIDIAN	J 1 , 11	TOINING OLIO, IN 402										
**Date Reported t	*Date Reported to DCS, if Patient under 14 (month, day, year):											

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PI	PCSI) (MONROE CO.) - 42	1 SOUTH COLL	EGE (City or t	own, of pregna	-			County of pregnar	DNROE
Patient's age** 34	Mar	ried Yes No	Date of pregn	nancy termina 06/30/2016		Educa	tion		Bach	elor's Degree	
Race American Indiana Native Hawaiian		her Pacific Islander [Asian White	☐ Black o	or Africa	an American	Unk		☐ Not H	nic or Latino Iispanic or Latino	☐ Unknown
Live Births:		Number now living	2					er now d		0	
Other Termination		Number of spontaneous	2				Numbe	er of ind	uced termin	nations 1	
Dates of termination UNKNOWN	s (Do	not include this termina 2. UNKNOWN	tion. If more to UNKI		hose mo	ost recent.)		=		4	
Fetus delivered alive	?	If yes, length of tin				4		5	Complic	ation(s) of Pregnan	cy Termination
☐ Yes ■ 1		, , , , , ,						■ N	None	☐ Uteri	ne Perforation
								_ [Hemorrhage	— □ Cerv	ical Laceration
Fetus viable? Yes 1	No	If viable, medical r	eason for term	nination:					nfection		ned Products
res 💷 1	NO									_	ned Products
		70							Other (Spec	ify)	
Pathological examination performed?	ation	If yes, results:									
☐ Yes ■	No										alt in a maternal death?
								☐ Yes	s 🔳 No)	
Type of Termination Procedures											
Type of Termination Procedures											
Procedure that Term	inated	Pregnancy				Additional Pr	ocedure	that Ter	minated Pro	egnancy	
☐ Medical (Nonsu☐ Medical (Nonsu☐ Medical (Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Nonsu☐ Medical (Nonsu☐ Nonsu☐ Non									lifepristone Iisoprostol	e	
		Other (Specify)							ther (Speci	fy)	
Medical (Surgice)	cal) S	uction Curettage				Medical	(Surgica	ıl) Sucti	on Curettag	ze	
	cal) N	Ienstrual Aspiration				Medical	(Surgica	d) Mens	strual Aspir		
Medical (Surgic	ai) C	ulei (<i>Specify)</i>				Wiedicai	(Surgica	ii) Oillei	(зресіју)		
For Medical (Surgical	al) pro	ocedures, answer the following	lowing questic	on.		For Medical (Surgical	l) proced	ures, answ	er the following que	estion.
Was the fetus viabl ☐ Yes		ave a post fertilization a	age at least 20	weeks?			us viable Yes 🔲		a post ferti	llization age at least	20 weeks?
				<i>,</i> •		_	·		1	11 .6 .11	
		as answered yes, comple		ng questions.	•	-	•		·	s, complete the foll	owing questions.
Was the fetus given ☐ Yes ☐		pest opportunity to survi	ve?				us given Yes 🔲		opportunit	y to survive?	
	_	etermination that the pro	egnant woman	had a condit	tion	_		-	mination th	at the pregnant wo	nan had a condition
that required the pr		re to avert death or serie				that require					ment to the pregnant
woman?						woman?					
				1							
Date last normal men		egan 5/08/2016		Physician o	estimate	e of gestation (i	n weeks))	Post fer	tilization age of the	fetus (in weeks)
How were the gestational age and post fertilization age determined?								<u> </u>			
ULTRASOUND											
	_				_		_				_
Full name of physici DR. CAROL DELLI	_	-									
		orming termination (nun	aber and street	t, city, state.	and zip	code)					
= -	-	IDIANAPOLIS, IN 462			· T	, 					
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLL AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna			County of pregnancy termination MONROE				
		Γ,							
24 Yes No	ancy termination 06/30/2016	Educa	tion		ociate Degree				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		nnic or Latino Hispanic or Latino				
Live Births: Number now living 0			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations			Numb	er of induced termin	-				
Dates of terminations (Do not include this termination. If more the	han six (6), those n	nost recent.)			0				
1 2 3		4		5	cation(s) of Pregnancy Termination				
Fetus delivered alive? Yes No If yes, length of time fetus surviv	ed:			None None	Uterine Perforation				
				☐ Hemorrhag	_				
Fetus viable? If viable, medical reason for term	ination:			_	_				
☐ Yes ■ No				☐ Infection	Retained Products				
Pathological examination If yes, results:				Other (Spec	cify)				
performed?									
☐ Yes ■ No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?				
•									
	Type of Term	ination Procedu	res						
Procedure that Terminated Pregnancy		Additional Pr	ocedure	that Terminated Pr	regnancy				
☐ Medical (Nonsurgical) Mifepristone		☐ Medical	(Nonsu	rgical) Mifepriston	e				
☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)			(Nonsu	rgical) Misoprostol rgical) Other (Spec					
Medical (volisal great) Other (specify)		Wiedicar	(1101134	igical) Other (Spec	937				
EM F 1/9 : D 9 d G //			/G :	1) 0 1 0 11					
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration		☐ Medical	(Surgic	al) Suction Curetta al) Menstrual Aspir	ge ration				
Medical (Surgical) Other (Specify)		Medical (Surgical) Other (Specify)							
For Medical (Surgical) procedures, answer the following question	n.	For Medical (Surgica	al) procedures, answ	er the following question.				
Was the fetus viable or have a post fertilization age at least 20 ☐ Yes ■ No	weeks?		us viabl Yes 🗀		ilization age at least 20 weeks?				
If the previous question was answered yes, complete the following	ng questions.	If the previou	s questi	on was answered ye	es, complete the following questions.				
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No			us given Yes [the best opportunit No	ry to survive?				
What was the basis for determination that the pregnant woman					hat the pregnant woman had a condition				
that required the procedure to avert death or serious impairmen woman?	t to the pregnant	that require woman?	d the pro	ocedure to avert dea	nth or serious impairment to the pregnant				
Date last normal menses began	Physician estima	te of gestation (i	n weeks	Post fe	rtilization age of the fetus (in weeks)				
04/14/2016	- 19	11			9				
How were the gestational age and post fertilization age determin ULTRASOUND	ed?								
L									
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street	t, city, state, and zij	p code)							
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
Date Reported to DCS, if Patient under 14 (month, day, year):									

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						own, of pregna BLOOM			County of pregnancy MON				
Patient's age** 27 Married Yes No Date of pregnancy terms 06/30/201						I = -							
27						Educa	tion	High Scho	ool Diploma or GED				
Race American Indian Native Hawaiian	or Other	Pacific Islander	☐ Asian ■ White	☐ Black		an American		known Hispa	y anic or Latino Hispanic or Latino	☐ Unknown			
Live Births:	Nu	mber now living	1				Numb	per now deceased	0				
Other Termination	15.	mber of spontaneou	0				Numb	per of induced termi					
Dates of termination	ns (Do not	include this termin	ation. If more th	han six (6),	those mo	ost recent.) 4		5	6				
Fetus delivered alive		If yes, length of ti	me fetus survive	ed:				Complic	cation(s) of Pregnancy	Termination			
	110							■ None		Perforation			
Fetus viable?		If viable, medical	reason for termi	ination:				☐ Hemorrhag	<u> </u>	Laceration			
☐ Yes ■ 1	No							☐ Infection	_	d Products			
Pathological examin	ation	If yes, results:						Other (Spec	cify)				
performed?		, ,						Did this termination	on of prognonay regult	in a maternal death?			
L les E	140							Yes N	on of pregnancy result i	in a maternal death?			
			Type	of Termin	nation Procedur								
	Procedure that Terminated Pregnancy							e that Terminated Pr	•				
☐ Medical (Nonsu	Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							rgical) Mifepriston rgical) Misoprostol rgical) Other (Spec	1				
Medical (Surgio						Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration							
☐ Medical (Surgio					Medical (Surgical) Other (Specify)								
For Medical (Surgice	al) proced	ures, answer the fo	llowing question	n.		For Medical (Surgica	al) procedures, answ	ver the following questi	on.			
Was the fetus viab. ☐ Yes [a post fertilization	age at least 20 v	weeks?			us viabl Yes [tilization age at least 20	weeks?			
If the previous quest	tion was a	nswered yes, compl	ete the followin	ng question	ıs.	If the previou	s questi	ion was answered ye	es, complete the follow	ing questions.			
Was the fetus gives ☐ Yes [opportunity to surv	ive?				us giver Yes [n the best opportunit No	ty to survive?				
What was the basis that required the process woman?									hat the pregnant woman ath or serious impairme				
Date last normal me	nses begar	1		Physician	n estimate	e of gestation (i	n weeks	s) Post fe	ertilization age of the fe	tus (in weeks)			
How were the gestat		4/2016	n age determine	ed?		7			5				
ULTRASOUND	450 401011111110												
Full name of physici	ian norfo	ning tamination											
DR. CAROL DELLI	INGER												
Address of physician 200 S. MERIDIAN S	_	-		t, city, state	, and zip	code)							
**Date Reported t	Date Reported to DCS, if Patient under 14 (month, day, year):												

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	PCSI) (MONROE CO.) - 42	.EGE	BLOOMINGTON MONROE					•					
Patient's age**	Patient's age** 24 Married Yes No Date of pregnancy term 06/30/20										1		
-	Maı			iancy termir 06/30/2016		Educa	iiiOII		Asso	ociate Degree			
Race American Indian Native Hawaiian			Asian White	☐ Black		an American	☐ Un	known		anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin				
Dates of termination	s (Do	not include this termin	ation. If more t	han six (6),	those me	ost recent.)	<u> </u>			0			
1		2	3			4		5		6			
Fetus delivered alive		If yes, length of tin	me fetus surviv	ed:					Complic	cation(s) of Pregnanc	y Termination		
☐ Yes ■ I	No							• 1	None	☐ Uterin	ne Perforation		
								□ I	Hemorrhag	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes I	No.	If viable, medical	reason for term	nination:				_ I	nfection	— Datair	ned Products		
L les E l	NO										ied Floducts		
									Other (Spec	cify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No							Did this	s termination	on of pregnancy resu	It in a maternal death?		
								☐ Yes		0			
				Туре	of Termii	nation Procedu	res						
Procedure that Term	inated	l Preonancy				Additional P	rocedure	e that Ter	minated Pr	eonancy			
		•								•			
Medical (NonsuMedical (Nonsu									Aifepriston Aisoprostol				
		l) Other (Specify)							Other (Spec				
Madical (Symple	(1) C	vation Cumattaga				☐ Medical (Surgical) Suction Curettage							
☐ Medical (Surgio	al) N	uction Curettage Menstrual Aspiration				☐ Medical	(Surgic	al) Sucu	on Curetta strual Aspir	ge ration			
☐ Medical (Surgio	cal) C	Other (Specify)				Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pr	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	 stion.		
	_					For Medical (Surgical) procedures, answer the following question. Was the fetus viable or have a post fertilization age at least 20 weeks?							
was the fetus viable Yes [nave a post fertilization	age at least 20	weeks?			us viabi Yes [a post tert	ilization age at least	20 weeks?		
If the previous quest	ion w	as answered yes, compl	ete the followi	na question	c	If the previou	is anesti	ion was a	newered ve	es, complete the follo	wing questions		
1				ng question	s.	_	_		-	_	wing questions.		
Was the fetus given ☐ Yes ☐		best opportunity to surv	ive?				us giver Yes [_	opportunit	ty to survive?			
	_				.,.	_	_	_		L a d	, ,		
		letermination that the pa are to avert death or seri								hat the pregnant won hth or serious impairs			
woman?			_			woman?				_			
Date last normal men	nses 1	pegan		Physician	estimate	e of gestation (in week	5)	Post fe	rtilization age of the	fetus (in weeks)		
_ acc last normal file		05/04/2016		111,5701411	- commun	7	reens	-/	1 031 10	5	(at weeks)		
How were the gestat					1								
ULTRASOUND													
	_	rforming termination											
DR. CAROL DELLI					1 •	I - \							
	-	orming termination (num		t, city, state,	, and zip	code)							
	ر ، , ۱۱ 												
**Date Reported to DCS, if Patient under 14 (month, day, year):													

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and A PLANNED PARENTHOO AVENUE, BLOOMINGTO	OD (PF	CSI) (MONROE CO.) - 42	1 SOUTH COLL	.EGE Ci	BLOOMINGTON MONROE								
Patient's age**	3.5	. , T	Date of prece	nancy terminati	ion	Educat	tion						
18	Mar	ried Yes No		06/30/2016	IOII	Educat			chool Diploma or G	ED			
Race American Indiana Native Hawaiian	or Otl	ner Pacific Islander	Asian White	☐ Black or ☐ Other	Afric	an American	Unknown		ispanic or Latino ot Hispanic or Latino	Unknown			
Live Births:		Number now living	0				Number now	deceased	0				
Other Termination	s:	Number of spontaneous	s terminations 0				Number of in	nduced ter	rminations 0				
Dates of termination	s (Do	not include this termina	*			ost recent.)							
Fetus delivered alive		If yes, length of tin		and:		4	5.		plication(s) of Pregna	ancy Termination			
Yes I		if yes, length of thi	ne retus surviv	reu.				None	_	erine Perforation			
								Hemorrh	_	rvical Laceration			
Fetus viable?	N _C	If viable, medical r	eason for term	nination:					_				
☐ Yes ■ 1	INO							Infection	_	tained Products			
Pothological	otio-	If you may live						Other (S	(pecify)				
Pathological examination performed?		If yes, results:											
☐ Yes ■	No								nation of pregnancy re	esult in a maternal death?			
									· · · · · · · · · · · · · · · · · · ·				
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
Medical (Nonsu							(Nonsurgical)						
Medical (Nonsu	ırgical) Misoprostol				☐ Medical	(Nonsurgical)	Misopros	stol				
Medical (Nonsu	ırgıcal	Other (Specify)				☐ Medical	(Nonsurgical)	Otner (Sp	ресі <u>г</u> у)				
Medical (Surgio		enstrual Aspiration					(Surgical) Suc (Surgical) Me						
Medical (Surgio						Medical (Surgical) Other (Specify)							
For Medical (Surgical	al) pro	cedures, answer the foll	lowing question	on.		For Medical (Surgical) procedures, answer the following question.							
		ave a post fertilization a	nge at least 20	weeks?				ve a post	fertilization age at le	ast 20 weeks?			
Yes [_	les □ No						
If the previous quest	ion wa	as answered yes, comple	ete the followi	ng questions.		If the previou	s question was	answered	d yes, complete the fo	ollowing questions.			
	n the b	est opportunity to survi	ve?				us given the be Yes No	est opportu	unity to survive?				
		etermination that the pro	egnant woman	had a condition	on	_	_	erminatio	on that the pregnant v	voman had a condition			
		re to avert death or serio								airment to the pregnant			
woman?						wonian?							
Data last no1	ngor 1	2000		Dhysisia	tim-1	of gostati /	m wasta)		t fortilization C	the fotus (in			
Date last normal mer		egan 4/27/2016		riiysician es	sumate	e of gestation (in 8	n weeks)	Post	t fertilization age of	the fetus (<i>in weeks)</i>			
How were the gestational age and post fertilization age determined?													
ULTRASOUND													
Full name of physici	an ner	forming termination											
DR. CAROL DELLI													
	-	orming termination (num		t, city, state, ar	nd zip	code)							
ZUU S. WERIDIAN S	۱۱,۱۱۸	IDIANAPOLIS, IN 462	220										
**Date Reported t	to DC	S, if Patient under 14	(month, day,	year):									

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Facility Name and Addre PLANNED PARENTHOOD (F AVENUE, BLOOMINGTON, I	ess PPCS IN, 47	I) (MONROE CO.) - 42 403	1 SOUTH COLL	EGE	ty or tov	vn, of pregna BLOOM	•			County of		y termination NROE	
Patient's age** Ma	arried	Yes No		ancy termination	on	Educat	tion		Asso	ciate Degre	ee		
Race American Indiana or Native Hawaiian or C	Alasl Other	xa Native	Asian White	Black or .	African	American		known er now de	Ethnicity Hispa Not H	nic or Lating	0	☐ Unknow	'n
Live Births:			2						iced termin	0			
Other Terminations:		mber of spontaneou	0				Nullic	oei oi inac	icea terriiri	0			
Dates of terminations (Do	00 not 2.	include this termino	ition. If more to	han six (6), tho	ose most 4.	t recent.)		5.			6.		
Fetus delivered alive? Yes No		If yes, length of tir	ne fetus surviv	ed:				■ N	Complic	ation(s) of P		y Termination e Perforation	
Fetus viable? Yes No		If viable, medical i	reason for term	nination:				Iı	Iemorrhage nfection		-	eal Laceration	
<u> </u>									Other (Spec	ify)			
Pathological examination performed? Yes No	n	If yes, results:						Did this ☐ Yes			ncy resul	t in a maternal d	leath?
Type of Termination Procedures													
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy													
☐ Medical (Nonsurgic						_			lifepristone	•			
☐ Medical (Nonsurgic	al) N	Iisoprostol				Medical	(Nonsu	rgical) M	Iisoprostol				
☐ Medical (Nonsurgical	al) (ther (Specify)				Medical	(Nonsu	rgical) O	ther (Speci	fy)			
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Mens	strual Aspiration			[[[]	Medical	(Surgic	al) Mens	on Curettag trual Aspir (Specify)				
For Medical (Surgical) p	roced	lures answer the fol	lowing questic	nn	— _ī	For Medical (Survice	al) proced	ures answ	er the follow	vino aues		
Was the fetus viable or			• .		1	Was the fett					0 1		
Yes N		a post fertilization a	ige at least 20	weeks?			res [a post tert	inzation age	at least 2	20 weeks:	
If the previous question v	was a	nswered yes, compl	ete the following	ng questions.	I	If the previou	s questi	ion was ar	nswered ye	s, complete	the follo	wing questions.	
Was the fetus given the		opportunity to surv	ive?			Was the fett	ıs giver Yes [opportunit	y to survive'	?		
What was the basis for that required the proceed woman?												an had a conditi nent to the pregn	
					1								
Date last normal menses	_			Physician est	timate o	-	n weeks	s)	Post fer	tilization ag		fetus (in weeks)	
How were the gestational		and post fertilization	n age determin	ed?		11					9		
ULTRASOUND	LTRASOUND												
	_												
Full name of physician p DR. CAROL DELLINGE	ER												
Address of physician per 200 S. MERIDIAN ST, I		-		t, city, state, an	ıd zip co	ode)							
	,	3213, 111-101											
**Date Reported to D	Date Reported to DCS, if Patient under 14 (month, day, year):												

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Facility Name and Ad PLANNED PARENTHOOI AVENUE, BLOOMINGTO	D (PP		1 SOUTH COLL	BLOOMINGTON MONROE					County of pregnancy termination MONROE	
Patient's age**	M	ind I	Date of pregr	nancy terminat	tion	Educa	tion			
31	Marr	ied □ Yes ■ No		1ancy terminat 06/30/2016	HOII	Educa	uOII	Some C	College, No Degree	
Race American Indiana Native Hawaiian o	or Oth	•	Asian White	Black or Other	Africa	an American	Unknow	n Not	ty panic or Latino Hispanic or Latino Unknown	
Live Births:			0				- 100000		0	
Other Terminations:	: 1	Number of spontaneou	s terminations 0				Number of	induced term	inations 0	
Dates of terminations	(Do r	ot include this termina	tion. If more t	than six (6), th	ose mo	ost recent.)				
I		2	3	1		4		5	ication(s) of Pregnancy Termination	
Fetus delivered alive? Yes N		If yes, length of tin	ne fetus surviv	red:				_	_	
							[] None	☐ Uterine Perforation	
Fetus viable?		If viable, medical r	eason for term	nination:] Hemorrha	ge Cervical Laceration	
☐ Yes ■ N	О] Infection	☐ Retained Products	
								Other (Spe	ecify)	
Pathological examinat	tion	If yes, results:								
performed? Yes N	Jo						Did	this terminat	ion of pregnancy result in a maternal death?	
								Yes I N		
				Type of	Termiı	nation Procedu	res			
Procedure that Terminated Pregnancy Additional Procedure that Terminated Pregnancy										
Medical (Nonsur	gical)	Misoprostol				☐ Medical	(Nonsurgical) Misoprosto	ol	
Medical (Nonsur	gical)	Other (Specify)				☐ Medical	(Nonsurgical) Other (Spe	cify)	
Medical (Surgica							(Surgical) S			
Medical (Surgica Medical (Surgica		enstrual Aspiration her (Specify)					(Surgical) M (Surgical) O			
For Medical (Surgical	1) pro/	cedures, answer the fol	lowing questic	n		For Medical ((Surgical) pro	cedures ans	wer the following question.	
` ` `	, 1	,	<i>U</i> 1				· · · · · · · · · · · · · · · · · · ·	,		
Was the fetus viable Yes		we a post fertilization a	ige at least 20	weeks?			us viable or h Yes 🔲 No		rtilization age at least 20 weeks?	
If the previous question	on wa	s answered yes, comple	ete the followi	ng questions.		If the previou	is question w	as answered v	yes, complete the following questions.	
				ng questions.		_	_	•		
Was the fetus given Yes		est opportunity to survi	ve!				us given the t Yes \square No		ity to survive?	
		termination that the pro				What was th	he basis for d	etermination	that the pregnant woman had a condition	
		re to avert death or serie							eath or serious impairment to the pregnant	
woman:						woman:				
Date last normal mens		gan 5/08/2016		Physician es	stimate	e of gestation (i	in weeks)	Post f	Pertilization age of the fetus (in weeks) 4	
How were the gestation		ge and post fertilization	n age determin	l ned?					T	
ULTRASOUND										
Full name of physician DR. CAROL DELLIN										
Address of physician 200 S. MERIDIAN S	-	rming termination (num		t, city, state, a	nd zip	code)				
**Date Reported to	Date Reported to DCS, if Patient under 14 (month, day, year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or t	ity or town, of pregnancy termination BLOOMINGTON				County of pregnancy termination MONROE			
Patient's age**		.,	Date of pregn	ancy tormi	nation	Educa	tion						
35	Maı	ried □ Yes ■ No		o6/30/2016		Educa	iliOII	ļ	High Scho	ol Diploma or GEI)		
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black		an American	☐ Un	known		nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	is terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		han six (6),	those me	ost recent.)				0			
1		2	3			4 5 6							
Fetus delivered alive		If yes, length of ti	me fetus surviv	red:					Complic	cation(s) of Pregnan	cy Termination		
☐ Yes ■ I	NO							• 1	None	☐ Uteri	ne Perforation		
								I	Hemorrhag	e 🔲 Cerv	ical Laceration		
Fetus viable? Yes I	No	If viable, medical	reason for term	nination:				Пі	nfection	□ Retai	ned Products		
	NO									_	ned I foducts		
									Other (Spec	cify)			
Pathological examin performed?	Pathological examination If yes, results:												
Yes •	No							Did thi	s terminatio	on of pregnancy resi	alt in a maternal death?		
								☐ Ye		0			
				Туре	of Termin	nation Procedu	res						
Procedure that Term	inate	Pregnancy				Additional P	rocedure	e that Ter	minated Pr	egnancv			
		•											
Medical (NonsuMedical (Nonsu						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
		Other (Specify)				Medical (Nonsurgical) Other (Specify)							
Madical (Surgic	2 (In	uction Curettage					(Surgio	val) Sucti	on Curetta				
☐ Medical (Surgio	al) N	Ienstrual Aspiration				☐ Medical	(Surgic	al) Mens	strual Aspii	ge ration			
☐ Medical (Surgio	al) C	ther (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fo	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
	_	ave a post fertilization				Was the fetus viable or have a post fertilization age at least 20 weeks?							
			age at least 20	weeks:		was the fetus viable of have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	ion w	as answered yes, compl	lete the followi	ng auestions	s.	If the previous question was answered yes, complete the following questions.							
				ng question									
Was the fetus giver ☐ Yes [pest opportunity to surv	ive?			Was the fetus given the best opportunity to survive? ☐ Yes ☐ No							
What was the basis	ford	etermination that the pr	ognant woman	had a aand	ition								
		re to avert death or ser				What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant							
woman?						woman?							
Date last normal men	ises t	egan		Physician	estimate	e of gestation (in weeks	s)	Post fe	rtilization age of the	e fetus (in weeks)		
	(5/04/2016				8				6	· ,		
_	ional	age and post fertilization	n age determin	ied?									
ULTRASOUND													
Full name of physician performing termination													
DR. CAROL DELLI	Address of physician performing termination (number and street, city, state, and zip code)												
	-	IDIANAPOLIS, IN 46		., сиу, мше,	, ана дір	couc)							
**Data Dag 1 /	o DC	S if Dotiont 1	1 (ma::1: 1										
vale Reported t	υDC	S, if Patient under 1	+ (montn, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLI AVENUE, BLOOMINGTON, IN, 47403	EGE City or	town, of pregna BLOOM			County of pregnancy termination MONROE				
<u> </u>									
35	nancy termination 06/30/2016	Educa	tion		ster's Degree				
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander White	☐ Black or Afric	can American	☐ Un		nnic or Latino Hispanic or Latino				
Live Births: Number now living 0			Numb	er now deceased	0				
Other Terminations: Number of spontaneous terminations	1		Number of induced terminations 0						
Dates of terminations (Do not include this termination. If more and the second	, ,,	ost recent.)		5	6				
Fetus delivered alive? If yes, length of time fetus surviv				Complic	eation(s) of Pregnancy Termination				
Tes No				None	☐ Uterine Perforation				
Fetus viable? If viable, medical reason for term	nination:			Hemorrhago	e Cervical Laceration				
☐ Yes ■ No				☐ Infection	☐ Retained Products				
Pathological examination				Other (Specify)					
performed?									
☐ Yes ■ No				Did this termination ☐ Yes ■ No	on of pregnancy result in a maternal death?				
Type of Termination Procedures									
Procedure that Terminated Pregnancy				that Terminated Pr					
Medical (Nonsurgical) Mifepristone Medical (Nonsurgical) Misoprostol			(Nonsu	rgical) Mifepriston rgical) Misoprostol					
Medical (Nonsurgical) Other (Specify)		☐ Medical	(Nonsu	rgical) Other (Spec	ify)				
Medical (Surgical) Suction Curettage Medical (Surgical) Menstrual Aspiration			(Surgic	al) Suction Curetta al) Menstrual Aspin	ge ration				
Medical (Surgical) Other (Specify)		☐ Medical	(Surgic	al) Other (Specify)					
For Medical (Surgical) procedures, answer the following question		For Medical (Surgica	1) procedures answ	er the following question.				
Was the fetus viable or have a post fertilization age at least 20		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes ■ No	weeks.	Yes No							
If the previous question was answered yes, complete the following	ing questions.	If the previous question was answered yes, complete the following questions.							
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No		Was the fetus given the best opportunity to survive? ☐ Yes ☐ No							
What was the basis for determination that the pregnant woman that required the procedure to avert death or serious impairmen		What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant							
woman?	nt to the pregnant	woman?	u the pro	ocedure to avert dea	un or serious impairment to the pregnant				
	Di			\					
Date last normal menses began 05/11/2016	Physician estimat	te of gestation (<i>i</i>	n weeks 	Post fe	rtilization age of the fetus (in weeks) 5				
How were the gestational age and post fertilization age determinuLTRASOUND	ned?								
Full name of physician performing termination DR. CAROL DELLINGER									
Address of physician performing termination (number and street, city, state, and zip code)									
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
**Date Reported to DCS, if Patient under 14 (month, day,	year):				_				

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or t	ty or town, of pregnancy termination BLOOMINGTON				County of pregnancy termination MONROE			
Patient's age**	3.7		Date of pregn	nancy termin	nation	Educa	ation						
26	Maı	Tied ☐ Yes ■ No		06/30/2016		Lauce			Bach	nelor's Degree			
Race American Indian Native Hawaiian		her Pacific Islander	☐ Asian ■ White	☐ Black		an American		ıknown	☐ Not I	nnic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Number now deceased 0						
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		than six (6),	those me	ost recent.)	1						
1		2	3			4 5 6							
Fetus delivered alive		If yes, length of tin	me fetus surviv	ved:					Complic	cation(s) of Pregnan	cy Termination		
								1	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				I	Hemorrhag	e 🔲 Cerv	ical Laceration		
☐ Yes ■ I	No							I	nfection	☐ Retai	ned Products		
										cify)			
Pathological examin	ation	If yes, results:											
performed?	<u> </u>												
☐ Yes ■	No							Did thi		on of pregnancy rest o	alt in a maternal death?		
				Type o	of Termi	nation Procedu	ıres						
Drogodyna that Ta	inat-	I Drognor ov		1,000	- 511111			a that T.	minoto 1 D	rognono.			
Procedure that Term						Additional P							
☐ Medical (Nonsu ☐ Medical (Nonsu						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
		l) Other (Specify)							Other (Spec				
Medical (Surgional Control Contro	al) S	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge			
	al) N	Ienstrual Aspiration				☐ Medica	(Surgic	al) Mens	strual Aspii r (<i>Specif</i> y)	ration			
Medicai (Surgio	ai) C	dilei (Specify)				Wiedica	(Surgic	ai) Ouie	і (зресіју)				
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing questic	on.		For Medical	(Surgica	al) proced	lures, answ	er the following que	estion.		
		nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [■ No)				☐ Yes ☐ No							
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previous question was answered yes, complete the following questions.							
		best opportunity to surv	ive?			Was the fetus given the best opportunity to survive?							
☐ Yes ☐	_					☐ Yes ☐ No							
		etermination that the prior to avert death or seri				What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant							
woman?				1	-	woman?							
Date last normal men	nses t	egan		Physician	estimate	e of gestation (in week	s)	Post fe	rtilization age of the	e fetus (in weeks)		
		05/03/2016				9				7			
How were the gestat ULTRASOUND	ional	age and post fertilization	n age determin	ned?									
CLINAGOUND													
Full name of above: -:	or re	rforming tamningtion											
Full name of physician performing termination DR. CAROL DELLINGER													
	-	orming termination (num		t, city, state,	, and zip	code)							
200 S. MERIDIAN S	ST, II	NDIANAPOLIS, IN 46	225										
**Date Reported t	o DC	S, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403						or town, of pregnancy termination BLOOMINGTON				County of pregnancy termination MONROE			
	1		-			T							
Patient's age** 36	Marri	ed □ Yes ■ No	Date of pregn	nancy termin 06/30/2016		Educa	ntion	I		ol Diploma or GED	1		
Race American Indian Native Hawaiian			Asian White	☐ Black		can American							
Live Births:		Number now living	1			Number now deceased 0							
Other Termination	ıs:	Number of spontaneou	is terminations				Numb	er of ind	uced termin				
		ot include this termin	0 ation. If more t	than six (6),	those me	ost recent.)				1			
1. 10/22/2015		2	3			4		5		6			
Fetus delivered alive					Complic	ation(s) of Pregnanc	y Termination						
☐ Yes ■	No							■ 1	None	☐ Uterin	e Perforation		
								□ I	Hemorrhage	e 🔲 Cervi	cal Laceration		
Fetus viable? Yes	No	If viable, medical	reason for term	nination:				Пі	nfection	□ Retair	ed Products		
	110									_	icu i roducis		
									Other (Spec	ify)			
Pathological examin performed?	ation	If yes, results:											
Yes •	No										It in a maternal death?		
								☐ Yes	s 🔳 No)			
				Туре	of Termi	nation Procedu	res						
Procedure that Term	inated	Pregnancy				Additional P	rocedure	that Ter	minated Pro	egnancy			
☐ Medical (Nonsu	ırgical)	Mifenristone				☐ Medical	(Nonsiii	rgical) N	lifepristone				
☐ Medical (Nonst	urgical)	Misoprostol				Medical (Nonsurgical) Misoprostol Medical (Nonsurgical) Other (Specify)							
Medical (Nonsi	argical)	Other (Specify)				Medical	(Nonsui	rgical) C	ther (Speci	fy)			
Medical (Surgio									on Curettag				
Medical (Surgion Medica		enstrual Aspiration her (Specify)							strual Aspir r (Specify)	ation			
	,	(~F95)					(~ 8	,	(~F95)				
											_		
For Medical (Surgic	al) proc	edures, answer the fo	llowing questic	on.		For Medical (Surgical) procedures, answer the following question.							
	le or ha	ve a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous quest	tion was	s answered yes, comp	lete the following	ng question	s.	If the previous question was answered yes, complete the following questions.							
Was the fetus give ☐ Yes [est opportunity to surv	rive?			Was the fetus given the best opportunity to survive? ☐ Yes ☐ No							
							_	_'					
		termination that the pre e to avert death or ser				What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant							
woman?			1	1 .	C	woman?							
Date last normal me	nses be	gan		Physician	estimate	e of gestation (in weeks)	Post fer	tilization age of the	fetus (in weeks)		
	04	/28/2016				10				8	. ,		
_	tional a	ge and post fertilization	n age determin	ned?									
ULTRASOUND													
Full name of physical DR. CAROL DELLI	-	-											
		ming termination (nu	mber and stree	t, city, state,	, and zip	code)							
	-	DIANAPOLIS, IN 46		· ·									
**Date Reported	to DCS	s, if Patient under 1	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or t	y or town, of pregnancy termination BLOOMINGTON				County of pregnancy termination MONROE			
Patient's age**	1.4	wind	Date of pregn	nancy termin	nation	Educa	ıtion						
25	Maı	ried ☐ Yes ■ No		06/30/2016		Lauce			Asso	ociate Degree			
Race American Indian Native Hawaiian			☐ Asian ■ White	☐ Black	or Africa	an American		known	☐ Not I	/ anic or Latino Hispanic or Latino	☐ Unknown		
Live Births:		Number now living	0				Numb	er now d	eceased	0			
Other Termination	s:	Number of spontaneou	s terminations				Numb	er of ind	uced termin	nations 0			
Dates of termination	s (Do	not include this termin		than six (6),	those mo	st recent.)							
1		2	3			4		5		6			
Fetus delivered alive					Complic	cation(s) of Pregnand	cy Termination						
	10							• 1	None	☐ Uteri	ne Perforation		
Fetus viable?		If viable, medical	reason for term	nination:				☐ I	Hemorrhage	e 🗌 Cervi	cal Laceration		
Yes I	No	ii viable, illedicar	reason for term	imation.				□ I	nfection	☐ Retai	ned Products		
									Other (Spec	rify)			
Pathological examin	ation	If yes, results:]	suici (spec	-937			
performed?													
☐ Yes ■ No								Did this ☐ Yes		on of pregnancy resu	It in a maternal death?		
		I								<u></u>			
				Тина -	of Town:	nation Procedu	rec						
				1 ype 0	, 10111111								
Procedure that Term	inated	l Pregnancy				Additional P	rocedure	that Ter	minated Pr	regnancy			
Medical (NonsuMedical (Nonsu						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol							
		l) Other (Specify)							Other (Spec				
☐ Medical (Surgic	2 (le	uction Curettage				☐ Medical	(Surgic	al) Sucti	on Curetta	ge.			
☐ Medical (Surgion)	al) N	Ienstrual Aspiration				Medical	(Surgic	al) Mens	strual Aspii	ration			
☐ Medical (Surgio	cal) C	Other (Specify)				☐ Medical	(Surgic	al) Othe	r (Specify)				
For Medical (Surgical	al) pro	ocedures, answer the fol	llowing question	on.		For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable	le or l	nave a post fertilization	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks?							
☐ Yes [Yes No							
If the previous quest	ion w	as answered yes, compl	ete the following	ng questions	s.	If the previous question was answered yes, complete the following questions.							
Was the fetus given	n the	best opportunity to surv	ive?			Was the fetus given the best opportunity to survive?							
☐ Yes [] No)				Yes No							
		etermination that the pr				What was the basis for determination that the pregnant woman had a condition							
woman?	ocedi	ire to avert death or seri	ious impairmen	nt to the preg	gnant	that required the procedure to avert death or serious impairment to the pregnant woman?							
Date last normal men	nsec L	legan		Physician	estimate	e of gestation (in wash	r)	Post for	rtilization age of the	fetus (in waaks)		
Date last normal file		05/15/2016		1 Hysiciali	Commatt	7	iri weeks	•/	1 081 16.	funzation age of the 5	icus (iii weeks)		
How were the gestat	ional	age and post fertilization	n age determin	ned?					1				
ULTRASOUND													
Full name of physician performing termination DR. CAROL DELLINGER													
Address of physician performing termination (number and street, city, state, and zip code)													
	-	NDIANAPOLIS, IN 46											
**Date Reported t	o DC	CS, if Patient under 14	4 (month, day,	year):						_			

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

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Facility Name and Ad PLANNED PARENTHOO AVENUE, BLOOMINGTO	City or t	own, of pregna	•			County of pregnancy termination MONROE								
Patient's age**	Mar	ried No	Date of pregn	nancy termina 06/30/2016		Educa	tion		Asso	ciate Degree				
Race American Indiana Native Hawaiian		her Pacific Islander	Asian White	☐ Black (☐ Other	or Afric	Ethnicity I Hispanic or Latino Unknown Not Hispanic or Latino Unknown								
Live Births:		Number now living	0				Numb	er now d	eceased	0				
Other Terminations	:	Number of spontaneou	s terminations 1				Numb	er of ind	uced termin	nations 0				
Dates of terminations UNKNOWN	(Do	not include this termina	tion. If more t	than six (6), t	those mo	ost recent.)								
Fetus delivered alive?		4		5	Complic	ation(s) of Pregnance	cy Termination							
Yes N				■ N	None	☐ Uteri	ne Perforation							
								_	Hemorrhage	_	cal Laceration			
Fetus viable?	r_	If viable, medical r	eason for term	nination:					C	_				
☐ Yes ■ N	10								nfection	_	ned Products			
		70 1							Other (Spec	ify)				
Pathological examina performed?	tion	If yes, results:	If yes, results:											
☐ Yes ■ N	∕es ■ No							Did this			alt in a maternal death?			
									5 <u>-</u> NO	<u> </u>				
				Type of	f Termi	nation Procedu	res							
Description of the state of the		D.,		1 ype oi	. 16111111			41 T						
Procedure that Termin		•				Additional Pi								
Medical (NonsurMedical (Nonsur						☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
Medical (Nonsur					ther (Speci	fy)								
Medical (Surgica						_			on Curettag					
☐ Medical (Surgica ☐ Medical (Surgica		Ienstrual Aspiration other (Specify)							strual Aspir (Specify)	ation				
For Madical (Surgice)	1) pr	ocedures, answer the fol	lowing quartic			For Medical (Surgical) procedures, answer the following question.								
_	_													
Was the fetus viable Yes		ave a post fertilization a	age at least 20	weeks?		Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
If the previous question	on w	as answered yes, comple	ete the followi	ng questions		If the previous question was answered yes, complete the following questions.								
		pest opportunity to survi				Was the fetus given the best opportunity to survive?								
Yes Yes						was the fetus given the best opportunity to survive? ☐ Yes ☐ No								
		etermination that the pro-				What was the basis for determination that the pregnant woman had a condition								
that required the pro- woman?	ocedu	re to avert death or seri-	ous impairmer	nt to the preg	nant	that required the procedure to avert death or serious impairment to the pregnant woman?								
Date last normal men	ses b	egan		Physician	estimate	e of gestation (i	n weeks	:)	Post fer	tilization age of the	fetus (in weeks)			
	C	5/18/2016		_		6				4	. ,			
How were the gestation	onal	age and post fertilization	n age determin	ned?										
OLINAOUND														
Full name of physicia	n pe	forming termination									1			
DR. CAROL DELLIN	Full name of physician performing termination DR. CAROL DELLINGER													
Address of physician performing termination (<i>number and street, city, state, and zip code</i>) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225														
200 O. MILNIDIAN OT, INDIANAT OLIO, IN 40220														
**Date Reported to	DC	S, if Patient under 14	(month, day,	year):										

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOUTH COLLEGE AVENUE, BLOOMINGTON, IN, 47403					City or town, of pregnancy termination BLOOMINGTON					County of pregnancy termination MONROE			
Patient's age** Ma	arried	l Yes □ No		ancy termination	on	Educa	tion		Bach	elor's Deg	ree		
Race American Indiana or Native Hawaiian or C	Alas Other	ka Native	Asian White		African Ar	Ethnicity African American Unknown Number now deceased						known	
Live Births:			2						aced termin	0			
Other Terminations:		imber of spontaneous	0				INUIII	ber of fild	iced termin	0			
Dates of terminations (D	0 not 2.	include this terminat	tion. If more th	han six (6), thos	se most re	cent.)		5.			6.		
Fetus delivered alive? Yes No		Complication(s) of Pregnancy Termi None Uterine Performance											
Fetus viable? Yes No		If viable, medical reason for termination:						Hemorrhage Cervical Laceration Infection Retained Products					
									Other (Spec	ify)			
Pathological examination performed? Yes No	n If yes, results:							Did this termination of pregnancy result in a maternal death? ☐ Yes ■ No					nal death?
				Type of To	<u>erminatio</u> r	n Procedu	es						
Procedure that Terminate	ed Pr	egnancy			Ada	ditional Pr	ocedure	e that Ter	minated Pr	egnancy		·	
☐ Medical (Nonsurgic						Additional Procedure that Terminated Pregnancy Medical (Nonsurgical) Mifepristone							
☐ Medical (Nonsurgic	al) N	Misoprostol				☐ Medical (Nonsurgical) Misoprostol ☐ Medical (Nonsurgical) Other (Specify)							
☐ Medical (Nonsurgic	al) (Other (Specify)				Medical	(Nonsu	irgical) U	ther (Speci	fy)			
Medical (Surgical) Medical (Surgical) Medical (Surgical)	Men	strual Aspiration				 ☐ Medical (Surgical) Suction Curettage ☐ Medical (Surgical) Menstrual Aspiration ☐ Medical (Surgical) Other (Specify) 							
For Medical (Surgical) p	rocea	lures, answer the follo	owing questio	n.	 For	For Medical (Surgical) procedures, answer the following question.							
Was the fetus viable or			• .			Was the fetus viable or have a post fertilization age at least 20 weeks?							
Yes N		a post fortingation ag	ge at least 20	weeks.	"	Was the fetus viable of have a post fertilization age at least 20 weeks? ☐ Yes ☐ No							
If the previous question v	was a	nswered yes, comple	te the following	ng questions.	If th	If the previous question was answered yes, complete the following questions.							
Was the fetus given the		opportunity to surviv	ve?		W	Was the fetus given the best opportunity to survive? ☐ Yes ☐ No							
What was the basis for that required the proceed woman?					nt th	What was the basis for determination that the pregnant woman had a condition that required the procedure to avert death or serious impairment to the pregnant woman?							
Date last normal menses	_	n 2/2016		Physician est	imate of g	estation (i	n weeks	s)	Post fer	tilization a	ge of the	fetus (in we	eks)
How were the gestationa			age determine	ed?		1					5		
ULTRASOUND													
Full name of physician p	erfor	ming termination											
Full name of physician performing termination DR. CAROL DELLINGER													
Address of physician performing termination (<i>number and street, city, state, and zip code</i>) 200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225													
**Date Reported to D	CS,	if Patient under 14	(month, day,	year):									

INDIANA STATE DEPARTMENT OF HEALTH – VITAL RECORDS Per IC 16-34-2

DATE RECEIVED BY ISDH (month, day, year): 07/19/2016

** If the patient is less than fourteen (14) years of age the physician performing the termination shall transmit this report to the Department of Child Services within three (3) days after the termination is performed via email at dcs.in.gov.

Further, this report shall also be submitted to the Indiana State Department of Health within three (3) days of the termination. (See IC 16-34-2-5)

Facility Name and Address PLANNED PARENTHOOD (PPCSI) (MONROE CO.) - 421 SOL AVENUE, BLOOMINGTON, IN, 47403	JTH COLLEGE City or	town, of pregnancy		County of pregnancy termination MONROE						
	-	1								
24 Yes No	e of pregnancy termination 06/30/2016	Education	Asso	ociate Degree						
Race American Indiana or Alaska Native Native Hawaiian or Other Pacific Islander W				anic or Latino Hispanic or Latino						
Live Births: Number now living	0	N	umber now deceased	0						
Other Terminations: Number of spontaneous term		N	Number of induced terminations							
Dates of terminations (Do not include this termination.	If more than six (6), those m	nost recent.)		0						
12	3	4	5	6						
Fetus delivered alive? Yes No If yes, length of time fet	us survived:			cation(s) of Pregnancy Termination						
			■ None	☐ Uterine Perforation						
Fetus viable? If viable, medical reason	n for termination:		Hemorrhag	e Cervical Laceration						
☐ Yes ■ No			☐ Infection	☐ Retained Products						
			Other (Spec	cify)						
Pathological examination If yes, results: performed?										
Yes No			Did this termination	on of pregnancy result in a maternal death?						
			Yes N	0						
Type of Termination Procedures										
Procedure that Terminated Pregnancy		Additional Proce	dure that Terminated Pr	regnancy						
Medical (Nonsurgical) Mifepristone		☐ Medical (Nonsurgical) Mifepristone ☐ Medical (Nonsurgical) Misoprostol								
Medical (Nonsurgical) MisoprostolMedical (Nonsurgical) Other (Specify)			onsurgical) Misoprostolonsurgical) Other (Spec							
Medical (Surgical) Suction Curettage		☐ Medical (Su	rgical) Suction Curetta	ge						
☐ Medical (Surgical) Menstrual Aspiration		☐ Medical (Su	rgical) Menstrual Aspi rgical) Other (Specify)	ration						
Medical (Surgical) Other (Specify)		Medicai (Su	rgical) Other (<i>specify</i>)							
For Medical (Surgical) procedures, answer the following	ng question.	For Medical (Sur	gical) procedures, answ	ver the following question.						
Was the fetus viable or have a post fertilization age at ☐ Yes ☐ No	t least 20 weeks?	Was the fetus viable or have a post fertilization age at least 20 weeks? ☐ Yes ☐ No								
If the previous question was answered yes, complete th	e following questions.	If the previous question was answered yes, complete the following questions.								
Was the fetus given the best opportunity to survive? ☐ Yes ☐ No		Was the fetus given the best opportunity to survive? ☐ Yes ☐ No								
What was the basis for determination that the pregnar		What was the basis for determination that the pregnant woman had a condition								
that required the procedure to avert death or serious in woman?	mpairment to the pregnant	that required th woman?	e procedure to avert dea	ath or serious impairment to the pregnant						
Date last normal menses began	Physician estima	te of gestation (in w	reeks) Post fe	ertilization age of the fetus (in weeks)						
05/05/2016	•	6		4						
How were the gestational age and post fertilization age ULTRASOUND	determined?									
Full name of physician performing termination DR. CAROL DELLINGER										
Address of physician performing termination (number and street, city, state, and zip code)										
200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225	200 S. MERIDIAN ST, INDIANAPOLIS, IN 46225									
the property of the property o										
**Date Reported to DCS, if Patient under 14 (mo	nth, day, year):			_						